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An Analysis of Ayurvedic Psychiatry
With Reference to Present-day Diagnostic Concepts

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LIST OF CHARTS AND SUMMARIES

LIST OF PRIMARY SANSKRIT SOURCES AND TRANSLATIONS

ABBREVIATIONS

AHr	*Aṣṭāṅgahṛdaya Saṃhitā*
AS	*Aṣṭāṅga Saṃgraha*
AV	*Atharva Veda*
Baudh	*Baudhāyana Dharma Śāstra*
BhS	*Bhela Saṃhitā*
BMs	*Bower Manuscript*
Car	*Caraka Saṃhitā*
DSM-II	*Diagnostic and Statistical Manual of Mental Disorders*, American Psychiatric Association, 1968.
FL	frontal lobe disorder
Gaut	*Gautama Dharma Sūtras*
Kau	*Kauṭilīya Arthaśāstra*
Manu	*Mānava Dharma Śāstra*
MN	*Mādhava Nidāna*
Nār	*Nārada Smṛti*
OBS	organic brain syndrome
RV	*Rig Veda*
SK	*Sāṃkhya Kārikā*
ŚS	*Śārṅgadhara Saṃhitā*
Su	*Suśruta Saṃhitā*
TLE	temporal lobe epilepsy
TS	*Taittirīya Saṃhitā*
Vas	*Vasiṣṭha Dharma Śāstra*
Viṣṇu	*Viṣṇu Smṛti*
YS	*Yoga Sūtras*

BIBLIOGRAPHY

Abraham, Karl. On Character and Libido Development: Six Essays. Edited with introduction by Bertram D. Lewin and translated by Douglas Bryan and Alix Strachey. Rpt. of earlier pubs. New York: W.W. Norton, 1966.

Ainslie, Whitelaw. Materia Indica: Or, Some Account of Those Articles Which Are Employed by the Hindoos, and Other Eastern Nations, in Their Medicine, Arts, and Agriculture; Comprising also Formulae, With Practical Observations, Names of Diseases in Various Eastern Languages, and a Copius List of Oriental Books Immediately Connected With General Sciences, &c. &c. 2 vols. 2nd Ed. London: Longman, 1826.

Al-Bīrūnī. Chronology of Ancient Nations: An English Version of the Arabic Text of the Athārul Bākiya of Al-Biruni or Vestiges of the Past. Comp., ed., & trans. by K. Edward Sachau. London: Allen, 1879.

American Psychiatric Association, Committee on Nomenclature and Statistics. DSM-II: Diagnostic and Statistical Manual of Mental Disorders. 2nd Ed. Washington, D.C.: American Psychiatric Association, 1968.

Arieti, Silvano. "Schizophrenia: The Manifest Symptomatology, the Psychodynamic and Formal Mechanisms." Ch. 23 in Silvano Arieti (ed.), American Handbook of Psychiatry, Vol. 1, Pp. 455-83. New York: Basic Books, 1959.

Aṣṭāṅga Saṃgraha. See Vṛddha Vāgbhaṭa.

Aṣṭāṅgahṛdaya Saṃhitā. See Vāgbhaṭa.

Atharva Veda Saṃhitā. Vishveshvaranand Indological Series, No. 13-17, 4 volumes printed in 5 pts. Sanskrit. Hoshiapur: Vishveshvaranand Vedic Research Institute, 1960-1964.

______. The Hymns of the Atharva Veda. Trans. with commentary by Ralph T.H. Griffith & ed. by M.L. Abhimanyu. 2 vols. Rpt. Varanasi: Master Khelari Lal & Sons, 1962.

Aufrecht, Theodor. New Catalogus Catalogorum: An Alphabetical Register of Sanskrit & Allied Works and Authors. Revised edition by the Madras University Oriental Research Institute, Sanskrit Department. Madras: University of Madras, 1968.

Basham, A.L. "The Practice of Medicine in Ancient and Medieval India." In Charles Leslie (ed.), Ancient Medical Systems: A Comparative Study, Pp. 18-43. Berkeley: Univ of California, 1976.

______ (ed.). Conference on the Date of Kaṇiṣka: April 20-22, 1960, London. Leiden: Brill, 1968.

______. The Wonder That Was India. Original issue, 1954; Evergreen Edition. New York: Grove Press, 1959.

Baudhāyana. The Baudhāyana Dharma Śāstra. Ed. by E. Hultzsch. Deutsche Morganländische Gesellschaft, Abhandlungen für die Kunde des Morganlandes, Bd.8, H.4. Leipzig: Brockhaus, 1884.

Beeson, Paul B. & Walsh McDermott (eds.). Cecil--Loeb Textbook of Medicine. 13th ed. Phila.: W.B. Saunders, 1971.

Benson, D. Frank & Dietrich Blumer (eds.). Psychiatric Aspects of Neurologic Disease. Seminars in Psychiatry Series. New York: Grune & Stratton, 1975.

Berkeley-Hill, Owen. "The Anal-Erotic Factor in the Religion, Philosophy and Character of the Hindus." International Journal of Psychoanalysis, 2: 306-38, 1921.

Bhagavad Gītā. The Bhagavad Gītā. Trans. by Franklin Edgerton. Harvard Oriental Series, Vol. 38. Original issue, 1944; rev. ed. New York: Harper Torchbook, 1964.

Bhela. Bhela Saṃhitā. Ed. by Asutosh Mookerjee. Journal of the Dept. of Letters, vol. 6. Calcutta: Cal. Univ, 1921.

______. Bhela Saṃhitā. Ed. by Girijādayālu Śukla. Vidyābhavan Āyurveda Granthamālā, No. 25. Banaras, 1959.

Bleuler, Eugen. Textbook of Psychiatry. Leiden: Brill, 1930.

Blumer, Dietrich. "Temporal Lobe Epilepsy and Its Psychiatric Significance." Ch. 10, Pp. 171-97 in Benson & Blumer 1975. Cited as 1975a.

______ & D. Frank Benson. "Personality Changes With Frontal and Temporal Lobe Lesions." Ch. 9, Pp. 151-69 in Benson & Blumer 1975. Cited as 1975b.

______ & A.E. Walker. "Sexual Behavior in Temporal Lobe Epilepsy." Archives of Neurology, 16:37-43, 1967.

Böhtlingk, Otto & Rudolph Roth. Sanskrit-Wörterbuch. 7 vols. Original issue, 1860; rpt. Wiesbaden: Harrassowitz, 1966.

Bolling, G.M. "Disease and Medicine--Vedic." In James Hastings et al. (eds.), Encyclopedia of Religion and Ethics, 13 vols. Vol. 4, Pp. 762-62. New York: Scribner's Sons, 1912.

Bower Manuscript. The Bower Manuscript: Facsimile Leaves, Nāgari Transcript, Romanized Transliteration, and English Translation by A.F.R. Hoernle. Archeological Survey of India, New Imperial Series, vol. 22. Calcutta: Supt. of Govt. Printing, 1893-1912.

Bṛhad-Devatā. The Bṛhad-Devata Attributed to Śaunaka: A Summary of the Deities and Myths of the Rig Veda. Ed. & trans. by A.A. MacDonell, 2 pts. 1st ed., 1904; rpt. Delhi: Motilal, 1965.

Brody, Eugene B. & Sindbergh S. Sata. "Trait and Pattern Disturbances." Ch. 25 in A.M. Freedman & H.I. Kaplan (eds.), Comprehensive Textbook of Psychiatry, 1st ed., Pp. 937-50. Baltimore: Williams & Wilkins, 1967.

Buchen, T. "Organic Confusional States." South African Medical Journal, 46:1340-3, 1972.

Burnell, Arthur C. A Classified Index to the Sanskrit Manuscripts in the Palace at Tanjore. London: Trübner, 1880.

Busse, Ewald W. "Brain Syndromes Associated With Disturbances in Metabolism, Growth, and Nutrition." Section 19.2, Pp. 726-40 in Beeson & McDermott 1971.

Caraka Saṃhitā. The Caraka Saṃhitā of Agniveśa With the Āyurveda-Dīpikā Commentary of Cakrapāṇidatta. Ed. by Gaṅgāsahāya Pandeya in 2 Vols. Sanskrit and Eindi. Kashi Sanskrit Series, No. 194. Varanasi: Chowkhamba Sanskrit Series Office, 1969.

_____. The Caraka Saṃhitā: Expounded By the Worshipful Ātreya Punarvasu, Compiled By the Great Sage Agniveśa and Redacted By Caraka & Dṛḍhabala. 6 vols. Sanskrit text with introduction and translations into Hindi Gujarati, and English by Shree Gulabkunverba Ayurvedic Society. Jamnagar: Gulabkunverba, 1949.

_____. Agniveśa's Caraka Saṃhitā: Text With English Translation and Critical Exposition Based on Cakrapāṇidatta's Ayurvedadīpikā. Ed. & trans. by Ram Karan Sharma & Bhagawan Dash. Vols. 1- . Varanasi: Chowkhamba, 1976- .

Carstairs, G. Morris. The Twice-Born: A Study of A Community of High-Caste Hindus. Bloomington: Indiana Univ Press, 1967.

_____ & R.L. Kapur. The Great Universe of Kota: Stress, Change and Mental Disorder in an Indian Village. Berkeley: Univ of California, 1976.

Catalogue of Sanskrit Manuscripts in the Library of the India Office, London. Comp. by Ernst Wilhelm Oskar Windisch & Julius Eggeling. 2 vols. in 4 pts. London: Secretary of State for India in Council, 1887-1935.

Chafetz, Morris E. "Alcoholism and Alcoholic Psychoses." Sec. 23.3, Pp. 1331-48 in Freedman & Kaplan 1975.

Charcot, Jean Martin. Leçons sur les Maladies du Système Nerveux. 3 vols. Paris: Bureaux du Progrès Medical, 1890-1894.

_____. & Paul Richer. Les Démoniaques dans l'Art. Paris: Delahaye, 1887.

Chattopadhyay, Aparna. "The Period of Indian Society as Reflected in Caraka Saṃhitā." Indian Journal of the History of Medicine, 18:40-4, 1973.

Chopra, I.C. & K.L. Handa. "Contributions of Indian Indigenous Drugs to Modern Therapeutics." Nagarjun, 2:777-9, 1959.

Chopra, R.N., I.C. Chopra, K.L. Handa, & L.D. Kapur. Chopra's Indigenous Drugs of India. 2nd ed. Calcutta: U.N. Dhar, 1958.

Chopra, R.N., B. Mukerji, & I.C. Chopra. Treatise on Tropical Therapeutics. 2nd ed. Calcutta: U.N. Dhar, 1954.

Cohen, Robert A. "Manic-Depressive Illness." Sec. 17.2, Pp. 1012-24 in Freedman & Kaplan 1975.

Cohen, Sidney. "The Psychotomimetic Agents." Progress in Drug Research, 15:68-102, 1971.

Cole, Gillian. "The Masking of Organic Brain Disease by a Schizophrenia-like Illness." South African Medical Journal, 47:731-3, 1973.

Conze, Edward, I.B. Horner, D. Snellgrove, & A. Waley (eds.). Buddhist Texts Trhough the Ages: Translated from Pali, Sanskrit, Chinese, Tibetan, Japanese, and Apabhraṃśa. New York: Harper Torchbook, 1954.

Coomaraswamy, Ananda K. Yakṣas. 2 pts. printed in 1 vol. Delhi: Munshiram, 1971.

Cordier, Palmyr. Études sur la Médecine Hindoue: Vāgbhaṭa & l'Aṣṭāṅgahṛdayasaṃhitā. Besançon: Impr. du Progrès, 1896.

_____. "Vāgbhaṭa (Étude Historique et Religieuse)." Journal Asiatique, 18:147-81, 1901.

_____. "Récentes Découvertes de Mss. Medicaux Sanscrits dans l'Inde (1898-1902)." Muséon, N.S. 4:321-52, 1903.

Crooke, W. "Demons and Spirits--Indian." In James Hastings et al. (eds.), Encyclopedia of Religion and Philosophy. Vol. 4, Pp. 601-8. Edinburgh: Clark, 1912.

Currier, R.D., J.F. Suess, & O.J. Andy. "Psychomotor Sexual Seizures." Transactions of the American Neurological Association, 94:178-82, 1968.

Daly, D.D. "Ictal Clinical Manifestations of Complex Partial Seizures." Ch. 4, Pp. 57-83 in J. Kiffin Penry & David D. Daly (eds.), Complex Partial Seizures and Their Treatment, Advances in Neurology, vol. 11. New York: Raven Press, 1975.

Darwin, Charles. The Expression of the Emotions in Men and Animals. Original issue, 1872; rpt. New York: Appleton, 1890.

Dasgupta, Surendranath. "Speculations in the Medical Schools." Ch. XIII, Vol. 2, Pp. 273-436 in S. Dasgupta, History of Indian Philosophy, 5 vols. Cambridge: The Univ. Press, 1932.

Dash, Bhagawan. Ayurvedic Treatment for Common Diseases. Delhi: Delhi Diary, 1976.

_____. Embryology and Maternity in Ayurveda. Delhi: Delhi Diary, 1976.

Delay, J. et al. The Rorschach and the Epileptic Personality. Trans. by Rita and Arthur Benton. New York: Logos Press, 1958.

Dickson, W.E.C. & J.D. Willis. "Cysticercosis of the Brain With Epilepsy and Papilloedema." Lancet, 2:415-7, 1941.

Dostoevsky, Feodor. The Idiot. New York: Random House, 1935.

Downs, Wilbur G. "Yellow Fever." Pp. 451-3 in Beeson & McDermott 1971.

Draguns, Juris G. & Leslie Phillips. Psychiatric Classification and Diagnosis: An Overview and Critique. Morristown, N.J.: General Learning Press, 1971.

Dunbar, Helen Flanders. Mind and Body: Psychosomatic Medicine. New York: Random House, 1947.

Dutt, Udoy Chand. The Materia Medica of the Hindus. Rev. ed. with additions and alterations by Kaviraj Binod Lall Sen & Kaviraj Athutosh Sen. Calcutta: Thacker, 1900.

Ebaugh, Franklin G. & William J. Tiffany, Jr. "Infective-Exhaustive Psychoses." Ch. 60, Vol. 2, Pp. 1231-47 in S. Arieti (ed.), American Handbook of Psychiatry. New York: Basic Books, 1959.

Engel, George L. "The Need for a New Medical Model: A Challenge for Biomedicine." Science, 196:129-36, 1977.

Ervin, Frank R. "Organic Brain Syndromes Associated With Epilepsy." Sec. 19.9, Pp. 1138-57 in Freedman & Kaplan 1975.

Falconer, Murray A. "Genetic and Related Aetiological Factors in Temporal Lobe Epilepsy: A Review." Epilepsia, 12:13-31, 1971.

Fenichel, Otto. The Psychoanalytic Theory of Neurosis. New York: Norton, 1945.

Ferenczi, Sándor. "Nakedness as a Means for Inspiring Terror." Rpt. in Further Contributions to the Theory and Techniques of Psychoanalysis, comp. by John Rickman and trans. by Jane Isabel Suttie, Pp. 329-32. London: Hogarth, 1926a.

_____. "Obsessional Neurosis and Piety." Ibid., P.450, 1926b.

Filliozat, Jean. La Doctrine Classique de la Médecine Indienne: Ses Origines et ses Parallèles Grecs. Paris: Imprimerie Nationale, 1949. English trans. by Dev Raj Chanana, The Classical Doctrine of Indian Medicine: Its Origins and Its Greek Parallels. Delhi: Munshiram, 1964.

_____. Le Kumāratantra de Rāvaṇa et les Textes Paralleles Indiens, Tibétains, Chinois, Cambodgien et Arabe. Cahiers de la Société Asiatique, Première Série 4. Paris: Impremerie Nationale, 1937.

Flor-Henry, P. "Ictal and Interictal Psychiatric Manifestations in Epilepsy: Specific or Non-Specific? A Critical Review of Some of the Evidence." Epilepsia, 13:773-83, 1972.

_____. "Psychosis and Temporal Lobe Epilepsy: A Controlled Investigation." Epilepsia, 10:363-95, 1969.

Foulks, Edward F. The Arctic Hysterias of the North Alaskan Eskimo. Anthropological Studies, No. 10. Washington, D.C.: American Anthropological Association, 1972.

Freed, Stanley A. & Ruth S. Freed. "Spirit Possession as Illness in a North Indian Village." Ethnology, 3:152-71, 1964.

Freedman, Alfred M., Harold I. Kaplan, & Benjamin J. Sadock (eds.). Comprehensive Textbook of Psychiatry-II. 2 vols. 2nd ed. Baltimore: Williams & Wilkins, 1975.

Freud, Sigmund. New Introductory Lectures on Psychoanalysis. Based on original issue of 1933. In vol. XXII of The Standard Edition of the Complete Psychological Works of Sigmund Freud, ed. & trans. by James Strachey. London: Hogarth, 1964 (abbr. SE). Rpt. New York: W.W. Norton, 1965.

_____. The Question of Lay Analysis. SE, vol. XX. Rpt. New York: W.W. Norton, 1969.

_____. The Future of an Illusion. Based on original issue of 1927. SE, vol. XXI, Pp. 3-56. Cor. rpt. New York: Anchor, 1964.

_____. "Dostoevsky and Parricide." Based on original issue of 1928. In James Strachey (ed.), Sigmund Freud: Collected Papers. 5 vols. 1st American ed. New York: Basic Books, 1959. (abbr. CP). Vol. 5, Sec. XXI, Pp. 222-42.

_____. "A Neurosis of Demoniacal Possession in the Seventeenth Century." Based on original issue of 1923. CP, Vol. 4, Sec. XXIV, Pp. 436-72.

_____. "Obsessive Acts and Religious Practices." Based on original issue of 1907. CP, Vol. 2, Sec. II, Pp. 25-35.

Furness, Horace Howard. "Insanity." A New Variorum Edition of Shakespeare, King Lear, Vol. V. 3rd Ed. Pp. 412-7. Philadelphia: Lippencott, 1880.

Galen. See Rudolph E. Siegel.

Gascon, G.G. & C.T. Lombroso. "Epileptic (Gelastic) Laughter." Epilepsia, 12:63-76, 1971.

Gastaut, Henri. "Clinical and Electroencephalographical Classification of Epileptic Seizures." Epilepsia, 11:102-13, 1970.

_____, Herbert Jasper, Jean Bancaud, & Alain Waltregny (eds.), The Physiopathogenesis of the Epilepsies. Springfield: Charles Thomas, 1969.

_____. The Epilepsies. Springfield: Thomas, 1954.

Gautama. Srī-Gautamadharmaśāstram: The Institutes of Gautama. Ed. by A.F. Stenzler. London: Trübner, 1876.

______. Gautama Dharma Sūtra. Trans. by Georg Bühler in The Sacred Laws of the Aryas, Sacred Books of the East, vol. 2. Rpt. Delhi: Motilal Banarsidass, 1965.

Goleman, Daniel. "Mental Health In Classical Buddhist Psychology." Journal of Transpersonal Psychology, 7:176-81, 1975.

______. "The Buddha on Meditation and States of Consciousness: Part I, The Teachings." Journal of Transpersonal Psychology, 4:1-44, 1972.

Gonda, Jan. Vedic Literature (Saṃhitās and Brāhmaṇas). A History of Indian Literature ed. by Jan Gonda, vol. 1, fasc. 1. Wiesbaden: Harrassowitz, 1975.

Gopinath, P.S. Epidemiology of Mental Illness in an Indian Village. Diss. Bangalore University 1968. Summarized in Trancultural Psychiatric Review, 8:56-7, 1971.

Gowers, W.R. The Borderland of Epilepsy. London: G.A. Churchill, 1907.

Gray, Louis H. "The Indian God Dhanvantari." Journal of the American Oriental Society, 42:323-37, 1922.

Grierson, George Abraham. "Piśāca." Journal of the Royal Asiatic Society, Pp. 285-8, 1905.

Gruenberg, Ernest M. & Danielle M. Turns. "Epidemiology." Sec. 6.1, Pp.398-413 in Freedman & Kaplan 1975.

Guillain, Georges. J.M. Charcot, 1825-1893, Sa Vie--Son Oeuvre. Paris: Masson, 1955. Ed. & trans. by Pearce Bailey. J.M. Charcot, 1825-1893, His Life--His Work. New York: Paul Hoeber, 1959.

Gulabkunverba. See Caraka Saṃhitā.

Harper, E.B. "Spirit Possession and Social Structure." In B. Ratman (ed.), Anthropology on the March: Recent Studies of Indian Beliefs, Attitudes, and Social Institutions. Springfield, Thompson, 1963. Reviewed in Transcultural Psychiatric Research Review, 1:107-8, 1964.

Hart, Richard A., Jr. & Paul R. McCurdy. "Psychosis in Vitamin B_{12} Deficiency." Archives of Internal Medicine, 128:596-7, 1971.

Hecaen, Henry & Martin L. Albert. "Disorders of Mental Functioning Related to Frontal Lobe." Ch. 8, Pp. 137-49 in Benson & Blumer 1975.

Hecker, Angelika, Frederick Andermann, & Ernst A. Rodin. "Spitting Automatism in Temporal Lobe Seizures: With a Brief Review of Ethological and Phylogenetic Aspects of Spitting." Epilepsia, 13:767-72, 1962.

Henriksen, G.F. "Status Epilepticus Partialis With Fear as Clinical Expression: Report of a Case and Ictal EEG Findings." Epilepsia, 14:39-46, 1973.

Higashi, Hideo & Kazuo Koshika. "A Comparative Study of Hallucination in the Schizophrenias and Organic Psychoses." Ch. 13, Pp. 155-61 in Mitsuda 1967b.

Hilgenberg, Luise & Willibald Kirfel. See Vāgbhaṭa.

Hill, D. "The Schizophrenia-like Psychoses of Epilepsy." Proceedings of the Royal Society, 55:315-6, (Discussion), 1962.

Himwich, Williamina A., & Harold E. Himwich. "Neurochemistry." In Freedman & Kaplan (eds.), Comprehensive Textbook of Psychiatry. 1st ed. Pp.49-67. Baltimore: Williams & Wilkins, 1967.

Hoch, Erna M. Indian Children on a Psychiatrist's Playground: Observations on Indian Children Examined and Treated at Nur Manzil Psychiatric Centre, Lucknow, 1956-61. New Delhi: Indian Council of Medical Research, 1967.

Hoernle, A.F. Rudolf. Studies in the Medicine of Ancient India: Part I. Osteology. Oxford: Clarendon Press, 1907.

_____. "Studies in Ancient Indian Medicine." Journal of the Royal Asiatic Society: "Part I. The Commentaries on Suśruta." Pp. 283-302, 1906; "Part II. On Some Obscure Anatomical Terms." Pp. 915-41, 1906 & Pp. 1-18, 1907; "[Part III.] Itsing and Vagbhata." Pp. 413-4, 1907; "Part IV. The Composition of the Caraka Saṃhitā, and the Literary Methods of the Ancient Indian Medical Writers. (A Study in Textual Criticism)." Pp. 997-1028, 1908; "Part V. The Composition of the Caraka Saṃhitā in the Light of the Bower Manuscript. (An Essay in Historical and Textual Criticism)." Pp. 857-93, 1909.

_____. See also Bower Manuscript.

Hopkins, E. Washburn. Epic Mythology. Original issue, 1915; rpt. New York: Biblo and Tannen, 1969.

Hornabrook, R.W. (ed.). Topics on Tropical Neurology. Contemporary Neurology Series, vol. 12. Philadelphia: F.A. Davis, 1975.

Hufford, David J. Folklore Studies and Health: An Approach to Applied Folklore. Univ. of Pa. Ph.D. Diss., 1974. Ann Arbor: Univ.Microfilms, 1974.

Ingalls, Daniel H.H. See Wasson & Ingalls.

Jackson, J. Hughlings. Selected Writings of John Hughlings Jackson. Ed. by J. Taylor. London: Staples Press, 1958.

James, William. Principles of Psychology. 2 vols. original issue, 1890; rpt. New York: Dover, 1950.

Jandl, James H. "Megaloblastic Anemias." Pp. 1464-71 in Beeson & McDermott 1971.

Jeffries, Graham H. "Diseases of the Hepatic System: Diseases of the Liver." Pp. 1377-404 in Beeson & McDermott 1971.

Jolly, Julius. Medicin. Grundriss der Indoarischen Philologie und Altertumskunde, Bd. 3, H. 10. Strassburg: Trübner, 1901. English trans. & rev. by C.G. Kashikar, Indian Medicine. Poona: Kashikar, 1951.

_____. Rev. of A.F.R. Hoernle, The Bower Manuscript, 1893-1913 (sic). Zeitschrift der Deutschen Morgenländischen Gesellschaft (abbr. ZDMG), 67:363-71, 1913.

_____. "Disease and Medicine--Hindu." In James Hastings et al. (eds.), Encyclopedia of Religion and Ethics, 13 Vols. Vol. 4, Pp. 753-5. New York: Scribner's Sons, 1912.

_____. "Zur Quellenkunde der Indischen Medizin." ZDMG: "1. Vāgbhaṭa." 54:260-74, 1900; "2. I-tsing." 57:565-72, 1902; "3. Ein Alter Kommentar zu Suśruta Saṃhitā." 58:114-6, 1904; "4. Die Cikitsākalikā des Tīsaṭācārya." 60:413-68, 1906.

_____. "Caraka." Wiener Zeitschrift für die Kunde des Morgenlandes, 11:164-6, 1897

_____. "I-tsing and Vāgbhaṭa." Journal of the Royal Asiatic Society, Pp. 172-5, 1907.

_____. See also Manu; Nārada; and Viṣṇu.

Jonas, Adolphe D. Ictal and Subictal Neurosis: Diagnosis and Treatment. Springfield: Thomas, 1965.

_____. Personal Communication, 5 April 1977.

Joshi, Laxmanashastri (ed.). Dharmakośa. 2 vols. Vol. 1, Vyāvahāra-Kāṇḍa in 3 pts. & vol. 2, Upaniṣat-Kāṇḍa in 4 pts. Wai, Dist. Satara: Prajna Pathashala Mandala, 1937-74.

Jñānabhāskara. Ms. #2719 (2030), Pp. 962-4 in Catalogue of Sanskrit Manuscripts in the Library of the India Office, 1887-1935. q.v.

Kalghatgi, T.G. Some Problems in Jaina Psychology. Dharwar: Karnatak University, 1961.

Kālidāsa. The Cloud Messenger. Trans. by Franklin and Eleanor Edgerton with drawings by Robert I. Russin. Sanskrit and English. Ann Arbor: Univ of Michigan Press, 1964.

Kangle, R.P. See Kauṭilya.

Karp, H.R. "Dementia in Systemic Diseases." Postgraduate Medicine, 50:202-8, 1971.

Kathā Sarit Sāgara. Ocean of Story: Being C.H. Tawney's Translation of Somadeva's Kathā Sarit Sagāra (Or Ocean of Streams of Story). Ed. & rev. by N.M. Penzer. 10 vols. Pvt. printing by subscription, 1500 copies; rpt. in 2 vols. Delhi: Munshiram, 1968.

Kaṭha Upaniṣad. See S. Radhakrishnan 1953.

Kauśika-Sūtra. The Kauśika-Sūtra of the Atharva-Veda. Ed. by Maurice Bloomfield. Advanced copy presented to 8th International Congress of Orientalists, 1889; rpt. in Journal of the American Oriental Society, vol. 14, 1890.

_____. The Savayajñas: (Kauśikasūtra 60-68. Translation, Introduction, Commentary). Ed. & trans. by Jan Gonda. Verhandelingen der Koninklijke Nederlandse Akademie van Wetenschappen, AFD. Letterkunde, Nieuwe Reeks--DEEL LXXI--No. 2. Amstersterdam: N.V. Noord-Hollandsche Uitgevers Maatschappij, 1965.

Kauṭilya. The Kauṭilīya Arthaśāstra. Ed. & trans. by R.P. Kangle. 2vols. 2nd ed. Sanskrit and English. Bombay: Univ of Bombay, 1969.

_____. Kauṭilya's Arthaśāstra. trans. by R. Shamasastry. 7th ed. Mysore: Mysore Printing and Publishing, 1961.

Keith, Arthur Berriedàle. Rev. of A.F.R. Hoernle, Studies in the Medicine of Ancient India: Part I. Osteology or the Bones of the Human Body, 1907 (q.v.). ZDMG, Pp. 134-9, 1908.

_____. A History of Sanskrit Literature. Oxford: Oxford Univ Press, 1928.

Kernberg, Otto. "Melanie Klein." Sec. 10.4, Pp. 641-50 in Freedman & Kaplan 1975.

_____. "Borderline Personality Organization." Journal of the American Psychoanalytic Association, 15:641-85, 1967.

Kernberg, Paulina F. "The Course of the Analysis of a Narcissistic Personality with Hysterical and Compulsive Features." Jour. of the Amer. Psychoan. Assoc., 19:451-71, 1971.

Kohut, Heinz. "Thoughts on Narcissism and Narcissistic Rage." Psychoanalytic Study of the Child, 27: 360-400, 1975.

Kolb, Lawrence C. Noyes' Modern Clinical Psychiatry. 7th ed. Philadelphia: W.B. Saunders, 1968.

Kowlessar, O. Dhodanand. "Diseases of the Pancreas." Pp. 1312-37 in Beeson & McDermott 1971.

Kramrisch, Stella. "The Mahāvīra Vessel and the Plant Pūtika." Jour. of the Amer. Oriental Soc., 95:222-35, 1975.

Kutumbiah, P. "The Pulse in Indian Medicine." Indian Journal of History of Medicine, 12:11-21, 1967.

_____. Ancient Indian Medicine. Bombay: Orient Longmans, 1962.

Lannoy, Richard. The Speaking Tree: A Study of Indian Culture and Society. London: Oxford Univ Press, 1971

Lennox, William Gordon. Epilepsy and Related Disorders. 2 vols. Boston: Little, Brown & Co., 1960.

Leslie, Charles (ed.). Asian Medical Systems: A Comparative Study. Berkeley: Univ of California, 1976.

_____. "The Professionalization of Ayurvedic and Unani Medicine." In Eliot Freidson & Judith Lorber (eds.), Medical Men and Their Work: A Sociological Reader. Pp. 39-54. Chicago: Aldine, 1972.

_____. "Modern India's Ancient Medicine: Alienation as Sickness of the Soul." Transaction, Pp. 46-55, 1969.

Lindsay, J.M.M. "Genetics and Epilepsy: A Model from Critical Path Analysis." Epilepsia, 12:47-54, 1971.

Loiseau, P., F. Cohadon, & S. Cohadon. "Gelastic Epilepsy: A Review and Report of Five Cases." Epilepsia, 12:313-23, 1971.

MacDonell, Arthur Anthony. A History of Sanskrit Literature. 2nd Indian ed. Delhi: Motilal Banarsidass, 1971.

_____ & Arthur Berriedale Keith. Vedic Index of Names and Subjects. 2 vols. Indian Texts Series. 1st ed., 1912; 3rd rpt. Delhi: Motilal Banarsidass, 1967.

Mādhavakara. Mādhavanidānam: Mahāmahopādhyāya-śrī-Vijayarakṣita-Śrīkaṇṭhadattābhyāṃ viracitayā "Madhukośa" Vyākhyayā vibhūṣitam. [Mādhava Nidāna: Supplemented with the commentary entitled "Madhukośa" by the most eminent of teachers, the respectable Vijayarakṣita and Śrīkaṇṭhadatta]. Also accompanied by modern explanatory gloss entitled "Vidyotinī" by Sudarśana Śāstri. 2 vols. Kāśi Sanskrit Series, 158. Varanasi: Chowkhamba, 1960.

_____. The Mādhavanidāna and Its Chief Commentary: Chapters 1-10, Introduction, Translation, and Notes. Ed. & trans. by G.J. Meulenbeld. Leiden: Brill, 1974.

Mahendra Vikramavarman. Mattavilāsa Prahasana. Ed. & trans. by N.P. Unni. Sanskrit and English. Trivandrum: College Book House, 1974.

Majumdar, R.C. "Medicine." In D.M. Bose et al. (eds.), A Concise History of Science in India, Ch. 4, Pp. 213-73. New Delhi: Indian National Science Academy, 1971.

Manu. Mānava Dharma-Śāstra: The Code of Manu. Ed. by Julius Jolly. Sanskrit. London: Trübner, 1887. English trans. by Georg Bühler, The Laws of Manu: Translated With Extracts From Seven Commentaries. Sacred Books of the East, Vol. 25. Original issue, 1886; rpt. New York: Dover, 1969.

Marks, J. et al. "Anemia and Skin Disease." Postgraduate Medical Journal, 46:659-63, 1970.

Marsden, P.D. & L.J. Bruce-Chwatt. "Cerebral Malaria." Ch. 3, Pp. 29-44 in Hornabrook 1975.

Mattavilāsa Prahasana. See Mahendra Vikramavarman.

Maugh, II, Thomas H. "Malaria: Resurgence in Research Brightens Prospects." Under Research News with aux. articles: "A Malaria Primer" and "Malaria Drugs: New Ones Are Available, But Little Used." Science, 196:413-6, 1977.

Meulenbeld, G.J. See Mādhavakara.

Miller, David M. & Dorothy C. Wertz. Hindu Monastic Life: The Monks & Monasteries of Bhubaneswar. Montreal: McGill-Queens Univ, 1976.

Minners, Howard A. "Tropical Medicine--New Vigor." Editorial. Science, 197:1275, 1977.

Minturn, Leigh & John T. Hitchcock. The Rājpūts of Khalpur, India. Six Cultures Series, Vol. 3. New York: Wiley, 1966.

Mitsuda, Hisatoshi. "The Concept of 'Atypical Psychosis' From the Aspect of Clinical Genetics." In Mitsuda (ed.), Clinical Genetics in Psychiatry. Sec. I.2, Pp. 22-6. Tokyo: Igaku Shoin, 1967a.

______ (ed.). Clinical Genetics in Psychiatry: Problems in Nosological Classification. Tokyo: Igaku Shoin, 1967b.

Monier-Williams, Monier. A Sanskrit-English Dictionary: Etymologically and Philologically Arranged With Special Reference to Cognate Indo-European Languages. Rev. ed. Oxford: Clarendon Press, 1899.

Monroe, Russell R. Episodic Behavioral Disorders: A Psychodynamic and Neurophysiologic Analysis. A Commonwealth Fund Book. Cambridge: Harvard Univ, 1970.

______. "Anticonvulsants in the Treatment of Aggression." Journal of Nervous and Mental Disease, 160:119-26, 1975.

Muhangi, J.R. "Functional or Organic Psychosis: Four Cases of Typhoid Fever Initially Presenting as Various Forms of Psychiatric Disorder." African Journal of the Medical Sciences, 3:319-26, 1972.

Mukhopadhyaya, Girindranath. History of Indian Medicine: Containing Notices, Biographical and Bibliographical, of the Ayurvedic Physicians and their Works on Medicine From the Earliest Ages to the Present Time. 3 vols. Original issue, 1922-29; 2nd ed. New Delhi: Oriental Books Reprint Corp., 1974.

Murphy, Jane A. "Psychiatric Labeling in Cross-Cultural Perspective: Similar Kinds of Disturbed Behavior Appear to be Labeled Abnormal in Diverse Cultures." Science, 191: 1019-28, 1976.

Nārada. Nārada Smṛti. Ed. by Julius Jolly. Calcutta, 1885-6. English trans. by Julius Jolly. The Minor Law Books: Part I. Nārada and Bṛhaspati. Sacred Books of the East, Vol. 33. Original issue, 1889; rpt. Delhi: Motilal Banarsidass, 1965.

Nāṭya Śāstra. Nāṭya Śāstra of Bharata Muni. Ed. & trans. by Manomohan Ghosh. 2 vols. Sanskrit and English. Rev. 2nd ed. Calcutta: Manisha, 1967.

Nemiah, John C. "Hysterical Neurosis, Dissociative Type." Sec. 21.3, Pp. 1220-31 in Freedman & Kaplan 1975.

Notkin, J. "'Affectepilepsy' and 'Hysteroepilepsy': A Study of Convulsive States in Psychopaths." Journal of Nervous and Mental Disease, 72:135-53, 1930.

Nunberg, Herman. Principles of Psychoanalysis: Their Application to the Neuroses. Trans. by Madlyn Kahr & Sidney Kahr. New York: Internatl. Univ Press, 1955.

Obeyesekere, Gananath. "The Idiom of Demonic Possession: A Case Study." Peradeniya, Sri Lanka; Unpublished 23P. typescript. Reviewed in Transcultural Psychiatric Research Review, 6:62-4, 1969.

Okamoto, Shigekazu. "On the Depressive State in Tetanoid Epilepsy." Ch. 24, Pp. 246-52 in Mitsuda 1967b.

Opler, Morris E. "Spirit Possession in a Rural Area of North India." In William A. Lessa & Evon Z. Vogt (eds.), Reader in Comparative Religion. Pp. 553-66. 1st ed. Evanston: Row, Peterson, 1958.

Osuntokun, B.O. "Epilepsy in the Developing Countries: The Nigerian Profile." Epilepsia, 13:107-11, 1972.

Oxford English Dictionary. The Compact Edition of the Oxford English Dictionary: Complete Text Reproduced Micrographically. 2 vols. Glasgow: Oxford University Press, 1971.

Penry, J. Kiffin. "Perspectives in Complex Partial Seizures." In Penry & Daly (eds.), Complex Partial Seizures and Their Treatment. Advances in Neurology, Vol. 11. Ch. 1, Pp. 1-14. New York: Raven, 1975.

______ & David D. Daly. Complex Partial Seizures and Their Treatment. Advances in Neurology, Vol. 11. New York: Raven, 1975.

Peterson, Donald B. et al. "Role of Hypnosis in Differentiation of Epileptic from Convulsive-like Seizures." American Journal of Psychiatry, 107:428-43, 1950.

Poiré, Roger. "Hypoglycemic Epilepsy: Clinical Electrographic and Biological Study During Induced Hypoglycemia in Man." Ch. 8, Pp. 75-110 in Gastaut et al. 1969.

Radhakrishnan, S. The Principal Upaniṣads: Edited With Introduction, Text, Translation and Notes. Sanskrit and English. London: Allen, 1953.

Raghavan, V. Bhoja's Sṛṅgāra Prakāśa. Madras: Punarvasu, 1963.

Raison, Alix. "Psychotropics and Drugs in Āyurveda." Paper presented in Colloquium on Psychotropics. 30th Internatl. Congress of Human Sciences in Asia and North Africa, 3-8 August 1976, Mexico City, Proceedings. In press.

______. La Hāritasaṃhitā, Texte Medical Sanskrit, avec Index de Nomenclature Ayurvédique. Publications de l'Institut Francais d'Indologie, No. 52. Pondicherry: Institut Français d'Indologie, 1974.

Raman, A.C. & H.B.M. Murphy. "Failure of Traditional Prognostic Indicators in Afro-Asian Psychotics: Results of a Long-Term Follow-Up Survey." The Journal of Nervous and Mental Disease, 154:238-47, 1972.

Randhawa, M.S. The Cult of Trees and Tree-Worship in Buddhist-Hindu Sculpture. New Delhi: All India Fine Arts & Crafts Society, 1964.

Rao, S.K. Ramachandra. Development of Psychological Thought in India. Mysore: Kavyalaya Publishers, 1962.

______. The Elements of Early Buddhist Psychology. Bangalore: W.Q. Judge Press, 1957.

Reddy, D.V. Subba. "Influence of Indian Medicine on Arabian and Persian Medical Literature." Indian Journal of History of Medicine, 4:25-34, 1959.

Reich, Annie. "The Structure of the Grotesque-Comic Sublimation." Bulletin of the Menninger Clinic, 13:160-71, 1949.

Reich, Wilhelm. Charakteranalyse. Berlin: Wilhelm Reich, 1933. English trans. by Theodore P. Wolfe, Character Analysis. London Vision, 1950.

Renou, Louis. Vedic India. Classical India, Vol. 3. Trans. by Philip Spratt. Delhi: Indological Book House, 1971.

Resner, Gerald & Joseph Hartog. "Concepts and Terminology of Mental Disorder Among Malays." Journal of Cross-Cultural Psychology, 1:369-81, 1970.

Rhys Davids, T.W. & William Stede. Pali-English Dictionary. Chipstead, Surrey: The Pali Text Society, 1925.

Rig Veda. Hymns of the Rig Veda in the Samhita and Pada Texts. 2 vols. Kāśi Sanskrit Series, 167. Varanasi: Chowkhamba, 1965.

_____. The Hymns of the Ṛg Veda: Translated With a Popular Commentary. Trans. by Ralph T.H. Griffith and ed. by J.L. Shastri. Rev. ed. Delhi: Motilal Banarsidass, 1973.

Rome, Howard P. & David B. Robinson. "Psychiatric Conditions Associated With Metabolic, Endocrine, and Nutritional Disorders." In S. Arieti (ed.), American Handbook of Psychiatry. Vol. 2, Ch. 62, Pp. 1260-88. New York: Basic Books, 1959.

Rowland, Benjamin. The Art and Architecture of India: Buddhist, Hindu, Jain. Melbourne: Penguin, 1953.

Royle, John Forbes. An Essay on the Antiquity of Hindoo Medicine: Including an Introductory Lecture to the Course of Materia Medica and Therapeutics, Delivered at King's College. London: Allen, 1837.

Rubin, E. et al. "The Effects of Ethanol on the Liver." International Review of Experimental Pathology, 11:177-232, 1972.

Sāṃkhya Kārikā. The Sāṃkhya Kārikā of Īśvarakṛṣṇa: A Philosopher's Exposition. Sanskrit and English. Woolner Indological Series, 4. Hoshiapur: V.V.R.I., 1963.

Samt, P. "Epileptische Irreseinsformen." Archiv Psychiatrie, Vols. 5-6, 1875-76.

Śārṅgadhara. Śārṅgadharasaṃhitā of Śrī Śārṅgadharācārya: With the Scientific Deliberation, "Subodhinī" Hindī Commentary, "Lakṣmī" Notes and Appendices. Ed. by Dayāśaṅkara Pāndeya, notes by Lakṣmipati Tripāthī, & commentary by Prayāgadatta Śarmā. Haridas Sanskrit Series, 151. Varanasi: Chowkhamba, 1966.

Scrimshaw, Nevin S. "Deficiencies of Individual Nutrients: Vitamin Diseases." Pp. 1438-47 in Beeson & McDermott 1971.

Seal, B.N. The Positive Science of the Ancient Hindus. Rpt. Delhi: Motilal Banarsidass, 1958.

Shamasastry, R. See Kauṭilya.

Sharma, P.V. Indian Medicine in the Classical Age. The Chowkhamba Sanskrit Studies, Vol. 85. Varanasi: Chowkhamba, 1972.

Sharma Shiv. "Ayurvedic Medicine--Past and Present." Progress in Drug Research, 15:11-67, 1971.

_____. Ayurvedic Medicine Past and Present. Ed. by Kailash Sharma. Contains Ibid. with additional materials. Calcutta: Dabur, 1975.

Shulman, Ralph. "The Present Status of Vitamin B_{12} and Folic Acid Deficiency in Psychiatric Illness." Canadian Psychiatric Association Journal, 17:205-15, 1972.

Siddiqi, Salimuzzaman. "Some Aspects of Studies in the Rauwolfia and Other Psychoactive Plants in Pakistan." Paper presented in Colloquium on Psychotropics, 30th International Congress of Human Sciences in Asia and North Africa, 3-8 August 1976, Mexico City, Proceedings. In Press.

Siegel, Rudolph E. Galen's System of Physiology and Medicine: An Analysis of His Doctrines and Observations on Bloodflow, Respiration, Humors and Internal Diseases. Galen's System of Physiology and Medicine, Part 1. Basel: Karger, 1968.

_____. Galen on Sense Perception: His Doctrines, Observations and Experiments on Vision, Hearing, Smell, Taste, Touch and Pain, and Their Historical Sources. Galen's System of Physiology and Medicine, Part 2. Basel: Karger, 1970.

_____. Galen on Psychology, Psychopathology, and Function and Function and Diseases of the Nervous System: An Analysis of His Doctrines, Observations and Experiments. Galen's System of Physiology and Medicine, Part 3. Basel: Karger, 1973.

Siegler, Miriam & Humphry Osmond. Models of Madness, Models of Medicine. New York: MacMillan, 1974.

Singh, Thakur Balwant & K.C. Chunekar. Glossary of Vegetable Drugs in Bṛhattrayī. The Chowkhamba Sanskrit Studies, Vol. 87. Varanasi: Chowkhamba, 1972.

Sinh Jee, Bhagvat. A Short History of Aryan Medical Science. London: MacMillan, 1896.

Slater, Eliot & A.W. Beard. "The Schizophrenia-Like Psychoses of Epilepsy: I. Psychiatric Aspects." British Journal of Psychiatry, 109:95-150, 1963.

Smith, A.D.M. "Megaloblastic Madness." British Medical Journal, (5216):1840-5, 24 Dec 1960.

Solomon, Seymour. "Neurological Evaluation." Sec. 3.1, Pp. 188-212 in Freedman & Kaplan 1975.

Spiller, W.G. "Remarks on the Uncinate Groups of Fits and on Severe Subcutaneous Hemorrhage Occurring in Epilepsy." American Medicine, 7:474-5, 1904.

Sternbach, Ludwik. Bibliography on Dharma and Artha in Ancient and Mediaeval India. Wiesbaden: Harrassowitz, 1973.

Stevens, Janice R. "Interictal Clinical Manifestations of Complex Partial Seizures." Ch. 5, Pp. 85-112 in Penry & Daly 1975.

Storey, Peter. "Organic Psychoses." Practitioner, 210:79-85, 1973.

Strachen, R.W. & J.G. Henderson. "Psychiatric Syndromes Due to Avitaminosis B_{12} With Normal Bone Marrow." Quarterly Journal of Medicine, 34:303-17, 1965.

Surya, N.C. et al. "Ayurvedic Treatments in Mental Illness--A Report." All India Institute of Mental Health, Transactions, 5:28-39, 1965.

Surya, N.C. et al. "Mental Morbidity in Pondicherry." All India Institute of Mental Health, Transactions, 4:50-61, 1964.

Suśruta. The Suśrutasaṃhitā of Suśruta: With Various Readings, Notes and Appendix Etc. Ed. by Nārāyaṇ Rām Āchārya with cooperation of Jādavji Trikamji Āchārya. Bombay: Nirṇaya Sāgar, 1945.

_____. An English Translation of The Sushruta Samhita Based on Original Sanskrit Text: With a Full and Comprehensive Introduction, Additional Texts, Different Readings, Notes, Comparative Views, Index, Glossary and Plates (In Three Volumes). The Chowkhamba Sanskrit Studies, Vol. 30. 2nd ed. Varanasi: Chowkhamba, 1963.

Swallow, Michael. "The Diagnosis of Dementia." Irish Journal of Medical Science, 143:132-40, 1973.

Taittirīya Saṃhitā. The Veda of the Black Yajus School Entitled Taittiriya Sanhita. 2 Vols. Trans. by Arthur Berriedale Keith. Harvard Oriental Series, Vols. 18-19. Original issue, 1914; rpt. Delhi: Motilal Banarsidass, 1967.

Taylor, Carl E. & Cecile DeSweemer. "Nutrition and Infection." In M. Rechcigl (ed.), *Food, Nutrition and Health: World Review of Nutrition and Dietetics*. Ch. 16, Pp. 203-25. Basel: Karger, 1973.

Taylor, D.C. & C. Ounsted. "Biological Mechanisms Influencing the Outcome of Seizures in Response to Fever." *Epilepsia*, 12:33-45, 1971.

Teja, J.S., B.S. Khanna, & T.B. Subrahmanyam. "'Possession States' in Indian Patients." *Indian Journal of Psychiatry*, 12:71-87, 1970.

Temkin, Owsei. *The Falling Sickness: A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology*. Rev. 2nd ed. Baltimore: Johns Hopkins, 1971.

Thompson, George N. "Acute and Chronic Alcoholic Conditions." In S. Arieti (ed.), *American Handbook of Psychiatry*. Vol. 2, Ch. 58, Pp. 1203-21. New York: Basic Books, 1959.

Tsutsumi, Shigetoshi. "A Clinico-Statistical Study of Olfactory Hallucinations in Endogenous Psychoses." Ch. 14, Pp. 162-72 in Mitsuda 1967b.

Uberoi, I.S., C. DeSweemer, & C.E. Taylor. "A Study of Anemia Among Rural Punjabi Children." *Indian Journal of Medical Research*, 60:793-99, 1972.

Unni, N.P. See Mahendra Vikramavarman.

Vāgbhaṭa. *The Aṣṭāṅgahṛdaya: A Compendium of the Ayurvedic System Composed by Vāgbhaṭa With the Commentaries (Sarvāṅgasundarā) of Aruṇadatta and (Āyurvedarasāyana) of Hemādri*. Collated by Annā Moreśwar Kunte & Kṛṣṇa Rāmchandra Śāstrī Navre and ed. by Bhiṣagāchārya Hariśāstrī Parādkar Vaidya. 6th ed. Bombay: Nirṇaya Sāgar, 1939.

_____. *Vāgbhaṭa's Aṣṭāṅgahṛdayasaṃhitā: Ein Altindisches Lehrbuch Der Heilkunde Aus Dem Sanskrit Ins Deutsche Übertragen Mit Einleitung, Anmerkungen Und Indices*. Trans. by Luise Hilgenberg and Willibald Kirfel. Leiden: Brill, 1941.

_____. *Vāgbhaṭa's Aṣṭāṅgahṛdayasaṃhitā: The First Five Chapters of Its Tibetan Version Edited and Rendered into English Along With the Original Sanskrit Accompanied by a Literary Introduction and a Running Commentary on the Tibetan Translating-Technique*. Ed. & trans. by Claus Vogel. Abhandlungen Für die Kunde Des Morgenlandes im Auftrag der Deutschen Morgenländischen Gesellschaft, Vol. 37, No. 2. Wiesbaden: Franz Steiner, 1965.

Vahia, N.S. "Psychiatry in India." Topical Problems in Psychiatry and Neurology, 5:84-101, 1967.

Van Ree, F. "Epilepsy in Varanasi (India)." Epilepsia, 13:113-8, 1972.

Van Reeth, P.C., et al. "Hypersexualite dans l'Epilepsie et les Tumeurs du Lobe Temporal." Acta Neurologie et Psychiatrie, 58:194, 1958.

Vasiṣṭha. Vasiṣṭha Dharmaśāstra: Aphorisms on the Sacred Law of the Āryas, as Taught in the School of Vasiṣṭha. Ed. by Anton Führer. Sanskrit. Bonn: Govt. Central Book Depot, 1883.

_____. The Sacred Laws of the Āryas as Taught in the Schools of Āpastamba, Gautama, Vasiṣṭha, and Baudhāyana. Trans. by Georg Bühler. 2 parts. Sacred Books of the East, Vols. 2,14. In vol. 14. Original issue, 1879-82; rpt. Delhi: Motilal Banarsidass, 1965.

Veith, Ilza. Hysteria: The History of a Disease. Phoenix Edition, 1970. Chicago: Univ of Chicago, 1965.

Vetāla Pañcaviṃśati. Jambhaladatta's Version of the Vetāla-Pañcaviṃśati. Ed. & trans. by Murray B. Emeneau. Sanskrit and English. American Oriental Series, Vol. 4. New Haven: American Oriental Society, 1934.

Viṣṇu. Viṣṇu-Smṛti: The Institutes of Viṣṇu, Together With Extracts from the Sanskrit Commentary of Nanda Paṇḍita Called Vaijayanti. Ed. by Julius Jolly. Chowkhamba Sanskrit Series, No. 95. 3rd ed. Varanasi: Chowkhamba, 1962.

_____. The Institutes of Viṣṇu. Trans. by Julius Jolly. Sacred Books of the East, Vol. 7. Original issue, 1880; rpt. Delhi: Motilal Banarsidass, 1965.

Vogel, Claus. See Vagbhaṭa.

Vṛddha Vāgbhaṭa. Srīmadvāgbhaṭaviracita Aṣṭāṅgasaṃgraha: Hindī bhāṣānuvādasahita (Sūtra-Śarira-Nidānasthānātmaka Prathama Bhāga). [The Aṣṭāṅga Saṃgraha of Vāgbhaṭa: With Hindī Translation and Commentary, Part I - Containing Sūtra-, Śarira-, and Nidāna- chapters]. [Ed. with] Hindi trans. by Atrideva Gupta. Sanskrit and Hindi. Bombay: Nirṇaya Sāgara, 1951.

_____. Aṣṭāṅga Saṃgraha: (Dvitīya Bhāga) Cikitsita-Kalpa-Uttara Sthāna. [Aṣṭāṅga Saṃgraha: Part II. Cikitsita, Kalpa, and Uttara Chapters]. [Ed. with] Hindi trans. by Atrideva Vidyālaṃkāra. Sanskrit and Hindi. Varanasi: Banāras Hindu Univ, 1962.

Walker, A. Earl. "The Current Status of Epilepsy in Some Developing Countries." Epilepsia, 13:113-8, 1972.

_____. "Murder or Epilepsy?" Journal of Nervous and Mental Disease, 133:430-7, 1961.

Wallace, Anthony F.C. "Mental Illness, Biology and Culture." In Francis L.K. Hsu (ed.), Psychological Anthropology. Ch. 9, Pp. 363-402. New ed. Cambridge: Schenkman, 1972.

_____. "Culture and Mental Illness." In A.F.C. Wallace, Culture and Personality. Ch. 6, Pp. 208-44. 2nd ed. New York: Random House, 1970.

Wasson, R. Gordon. Soma, The Divine Mushroom of Immortality. New York: Harcourt, Brace, 1968.

_____ & Daniel H.H. Ingalls. "R. Gordon Wasson on Soma and Daniel H.H. Ingalls' Response." American Oriental Series, Essay No. 7. New Haven: American Oriental Society, 197.

Weiss, Mitchell G. "Ayurvedic Psychiatry: Nija and Āgantu Unmāda in the Caraka Saṃhitā." Paper presented to 187th Meeting of the American Oriental Society, Cornell Univ, Ithica, N.Y., 26 April 1977. (Unpublished).

_____. "Nija Unmāda in the Caraka Saṃhitā." Paper presented in Colloquium on Traditional Medicine. 30th International Congress of Human Sciences in Asia and North Africa, 3-8 August 1976, Mexico City, Proceedings. In press.

_____. "Psychopathology in the Early Ayurvedic Texts: Symptoms, Etiology, Theory, Treatment, and Prognosis for Unmāda." Paper presented to 186th Meeting of the American Oriental Society, Univ of Pennsylvania, Phila., Pa., 18 March 1976. (Unpublished).

Whitehead, J. Anthony & Muhammed Masud Chohan. "Paraphrenia and Pernicious Anemia." Geriatrics, 27:148,passim, 1972.

Wilson, Horace Hayman. "An Essay on Kuṣṭha, or Leprosy, As Known to the Hindus." Medical & Physical Society, Calcutta, Transactions, 1:1-44, 1825.

_____. "On the Medical and Surgical Sciences of the Hindus." Oriental Mag. & Calcutta Rev., 1:207-12,349-56, 1823. Rpt. in Works By the Late Horace Hayman Wilson. Vol.3, Pp.269-76,380-92. London: Trübner, 1864.

Winternitz, Moriz. History of Indian Literature: Vol. III, Part II (Scientific Literature), Translated From the German into English With Additions. Trans. & rev. by Subhadra Jhā. Delhi: Motilal Banarsidass, 1967.

Wintrob, Ronald M. "Malaria and the Acute Psychotic Episode." Journal of Nervous and Mental Disease, 156:306-17, 1973.

Wirz, Paul. Exorzismus Und Heilkunde Auf Ceylon: Mit 56 Textfiguren und 87 Abbildungen. Bern: Hans Huber, 1941; English trans., Exorcism and the Art of Healing in Ceylon: With 51 Plates and 55 Text Figures. Leiden: Brill, 1954.

Wise, Thomas Alexander. Commentary on the Hindu System of Medicine. Original issue, 1845; rpt. 1860 & 1900. Page references to London: Trübner, 1860.

_____. Review of the History of Medicine. 2 vols. London: Churchhill (sic), 1867.

Woodruff, A.W. "Recent Work on Anemias in the Tropics." British Medical Bulletin, 28:92-5, 1972.

Woods, Matthew. In Spite of Epilepsy: Being a Review of the Lives of Three Great Epileptics,--Julius Caesar, Mahammed, Lord Byron,--The Founders Respectively of an Empire, A Religion, and a School of Poetry. New York: Cosmopolitan Press, 1913.

Woodward, Frank Lee et al. Pāli Tipiṭakaṃ Concordance: Being a Concordance in Pāli to the Three Baskets of Buddhist Scriptures in the Indian Order of Letters Listed by F.L. Woodward et al. Arr. & ed. by E.M. Hare. Vols. 1-2+unbound parts of 3-. London: Pali Text Soc., 1952-73-.

Yajñavalkya. Yājñavalkyadharmaśāstram: Yajnavalkya's Gesetzbuch. Sanskrit und Deutsch. Ed. & trans. into German by Adolf Friedrich Stenzler. London Williams and Norgate, 1849.

Yamada, Toru et al. "A Clinico-Electroencephalographic Study of Ictal Depression." Ch. 25, Pp. 253-61 in Mitsuda 1967b.

Yocum, Glenn. A Study of Māṇikkavācakara's Tiruvācakam: The Setting and Significance of a Tamil Devotional Text. University of Pa. Ph.D. Dissertation, 1976. Ann Arbor: University Microfilms, 1976.

Yoga Sūtra. Yoga Philosophy of Patañjali: Containing His Yoga Aphorisms With Commentary of Vyāsa in Original Sanskrit, and Annotations Thereon With Copious Hints on the Practice of Yoga. Ed. by Hariharānanda Āraṇya and trans. by P.N. Mukerji. Calcutta: Univ of Calcutta, 1963.

______. The Yoga-System of Patañjali: Or the Ancient Hindu Doctrine of Concentration of Mind Embracing the Mnemonic Rules, Called Yoga-Sūtras, of Patañjali and the Comment, Called Yoga-Bhāshya, Attributed to Veda-Vyāsa and the Explanation, Called Tattva-Vaiśāradī, of Vāchaspati-Miśra. Trans. by James Haughton Woods. Harvard Oriental Series, Vol. 17. Original issue, 1914; rpt. Delhi: Motilal Banarsidass, 1972.

Zimmer, Henry R. Hindu Medicine. Ed. with foreward and preface by Ludwig Edelstein. Baltimore: Johns Hopkins, 1948.

PREFACE

This project grew from a synthesis of interests in Indological studies, psychology, natural science, and medicine. At the outset, it was sparked by reflections on the implications of a concept studied some years earlier in a physics course on mechanics, that being the utility of independent frames of reference. In approaching many problems which one encounters in physics, a particular co-ordinate system must be chosen according to its efficacy in arriving at the solution. A mathematical expression representative of a physical reality may be expressed by the parameters of a rectangular, spherical, cylindrical, or other co-ordinate system, and the choice of one of these is usually governed by the context of the problem and/or the method by which one attempts to find a solution.

As I began my graduate studies of Indian cultures, it occurred to me that such notions might have a humanistic analogue. Although it may seem a rather supererogatory formulation, I found it useful to hypothesize that attempts to find solutions to certain fundamental human problems had developed in various parts of the world according to the specific cultural context and according to the specific means which were chosen from those available within that context. Noting that by analogy, /Inasmuch as any mathematical expression that is signified with the parameters of a given frame of reference might also be cast into those of another by applying the

appropriate equations, it seemed that one might therefore expect the nosology of mental disorder (cf. the mathematical expression) to similarly submit to a set of transformation equations. Āyurveda and allopathy provide two reference frames by which disorders manifesting identical medical dysfunction (cf. the underlying reality which a mathematical expression represents) might be defined, and they offer two modes by which a therapeutic regimen may be instituted (cf. the solution of the problem). Since the psychiatric nosology of both systems essentially lacks the precision of physical parameters, however, it was expected that findings from a study of the transformational relationships of the two systems must necessarily be subject to limitations imposed by that imprecision. Thus, the analysis does not presuppose one-to-one diagnostic correspondences but rather one-to-several, which is consistent with the transformational properties even of precise parameters. Nosological ambiguities are reflected by the difficulties which arise when attempting to make differential determinations between the various diagnostic categories and even the grosser functional, physiological, and neurophysiological boundaries themselves--social and cultural parameters notwithstanding.

The translation of primary Sanskrit sources in Appendix 3 and the quotation in translation of other Sanskrit passages throughout the dissertation have been newly prepared, except where otherwise noted. Information regarding metrical style and prose as well as parallel passages is provided in notes in Appendix 3 at the end of

the translation of each chapter in which a passage recurs.

It is intended that the present volume should be the first in a series of detailed studies of selected topics which are taken up in the early ayurvedic texts. In this regard the work of Rudolph E. Siegel, M.D.,[1] which is similarly based on the application of present-day medical knowledge to a philological analysis of Classical Greek rather than Sanskrit sources, has been influential.

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1 Three volumes comprising the series entitled Galen's System of Physiology and Medicine are listed in my bibliography. I recently learned that a fourth and final volume about "Galen on the Affected Parts" was published early in 1976, several months after Dr. Siegel's death.

I. INTRODUCTION

In the following study we shall examine the chapters in the principal early ayurvedic medical treatises on unmāda, a severe psychiatric condition that for the moment may be said to include a number of presently recognized psychotic and otherwise serious psychiatric conditions. Although there is some divergence among the classical medical authors in the semantics of their etiologic concepts, the dichotomy delineated in the *Caraka Saṃhitā* of endogenous (nija-) unmāda and exogenous (āgantu-) unmāda remains essentially valid and invariably useful. The former refers to a class of disorders resulting from an imbalance of one or a combination of the three pathogenic bodily elements, doṣa, that dominate the theoretical formulations of so much of Āyurveda, India's traditional medical orthodoxy. The āgantu- categories are those that are attributable to a non-physiologic mechanism that is external to the individual. Subtypes of this category are distinguished on the basis of the various hypothetical beings, bhūta, which are associated with the cause of the observed clinical conditions. Suśruta, Vāgbhaṭa, and other traditional medical authors invoke additional categories of unmāda corresponding to the effects of suffering and hardship (duḥkha) and the effects of powerful drugs (viṣa).

Our analysis is based on the information contained in the earliest Sanskrit medical texts, and even though the

practice of Āyurveda remains widespread in present-day India (Leslie 1972; 1969), there are significant discontinuities separating the earlier and current practices. For example, the emphasis in ayurvedic practice from the later middle ages to the present on prolonged diagnostic pulse feeling and the therapeutic use of mixtures with calcinated mercury are both traceable to Persian and Arabic influences and were introduced into ayurvedic practice after the composition of the texts which concern us here (Jolly 1951; Kutumbiah 1967). We must therefore be cautious about accepting the claims of a continuous tradition made by indigenous practitioners of Āyurveda (e.g. S. Sharma 1971; 1975).

Historically, most scholarly study of Āyurveda has focused either on philological issues--i.e. textual criticism, editions, and translations (see the discussion of Western scholarship, Pp. 37-44)--main features of the ayurvedic system at large rather than any particular topics in depth (Wise 1845; Jolly 1901; Filliozat 1949; Kutumbiah 1962; P.V. Sharma 1972), or the analysis of materia medica--i.e. efforts to identify and classify, validate and legitimize, or biochemical research striving towards a synthesis of ayurvedic therapeutics such as reserpine from Rauwolfia serpentina into mainstream allopathic practice (Siddiqi 1976; Raisson 1976; 1974; Singh 1972; Chopra 1959; 1958; 1956; 1954; Dutt 1900; Ainslie 1826). Recently, A.L. Basham (1976) studied the

social and cultural aspects of the classical medical tradition, and there have of course been publications by ayurvedic practitioners of a practical rather than scholarly nature on medical topics (e.g. Dash 1974; 1975).

The object of the present study is to gain an understanding of the psychiatric conceptual formulations of the early Indian medical authors in the light of the Western nosology, and our interest in therapeutics is limited to the extent to which it serves to elucidate the diagnostic categories. Although the Western nosology itself is by no means uncontroversial (Draguns 1971), it is hoped that even in the absence of any absolute resolution of the issues raised here, that a comparison of these two independently conceived medical systems, which have addressed themselves to common maladies, will prove instructive to our understanding of the history of medicine and mental disorder in non-Western cultures, to our general understanding of the ancient Indian societies, and that they will also be of value in focusing our attention on issues in tropical medicine and psychiatry that remain salient in the present day.

Our analysis will proceed on two levels. First, it is necessary to give an account of <u>unmāda</u> as it was understood by the authors of the texts, i.e. from an emic perspective, with due regard for pertinent philological issues. At the second level, however, we go a step farther in our consideration of the specific features of the indigenous categories and attempt to identify

currently recognized disorders on the basis of the symptomatology, pathophysiology, and epidemiology which may be gleaned from the texts, i.e. from an etic perspective. Since we must keep in mind that these texts are early treatises on tropical medicine, reliance upon current knowledge of pertinent issues in that field is fundamental to such an analysis (see Meulenbeld 1974:4,612-29).

Since the two systems, present-day cosmopolitan Western medicine (also referred to as allopathy in India) and traditional ayurvedic, were independently developed and utilize divergent differential diagnostic criteria, an assumption of a one-to-one correspondence between the categories of each system is unwarranted. Therefore, problems of non-specific, indeterminate, and insufficient clinical diagnostic criteria often make it necessary to consider several potential Western diagnostic correlates for a given ayurvedic diagnostic category. Although the reverse is also true--i.e. potentially multiple ayurvedic diagnostic correlates for a given Western category such as paranoid schizophrenia--that analysis has not been systematically attempted in the present study.

While significant differences in the medical systems are recognized in our approach, we do not question the cross-cultural consistency of underlying physiology and pathophysiology, which is independent of non-empirical, hypothetical formulations of theory and the particular medical bias that is employed in treatment. Although to some modes of anthropolog-

ical thinking this approach might seem to ignore ethnocentric norms and perceptions in the evaluation of subtle shades of psychopathology, the gross nature of the mental symptoms considered here and the virtual cross-cultural independence of the somatic symptoms, both of which are deemed pathological by the indigenous system, justify our method. In a recent article in Science based on cross-cultural research, Jane Murphy questioned the validity of the recent emphasis on the cultural relativism of psychiatric disorders. She disputes the basic tenet of labeling theory which holds that:

> the concept of mental illness is a cultural stereotype referring to a residue of deviance which each society arbitrarily defines in a distinct way (Murphy 1976:1027).

And she concludes:

> Rather than being simply violations of the social norms, as labeling theory suggests, symptoms of mental illness are manifestations of a type of affliction shared by virtually all mankind (Loc cit.).

We have accepted this conclusion. Furthermore, in our approach we have tended to emphasize the culturally invariant biomedical aspects of unmāda, but in so doing we do not question the relevance of other components of a necessary and more comprehensive psycho-socio-cultural-bio-medical model, which are often critical in shaping the form of certain culturally determined syndromes (Engel 1977; Siegler 1974; Wallace 1972; 1970). Our biomedical emphasis was in fact the result of a posteriori findings rather than any a priori assumptions, and this will be made clear in

our analysis of the clinical data provided in the texts. These circumstances notwithstanding, psychological, social, and cultural factors will also be discussed wherever they are germane. In the case of āgantu-unmāda especially, psychological concepts provide the analysis with major insights into the traditional nosological structure. In most instances, however, we have found that functional considerations alone, though valuable, do not adequately account for the data in the texts, and so we have also considered physiological and neurophysiological factors.

Before immersing ourselves in this analysis, we shall survey the implications of the term unmāda in other than the medical types of Sanskrit literature, including the early vedic, soteriological, quasi-legal (dharma śāstra), and the dramaturgical and literary works. We shall also review the major contributions in the history of Western scholarship on Āyurveda, the ayurvedic tradition, and the textual sources on which our study is based. The purpose of these preliminary discussions is not so much to be comprehensive, since each of these topics is fully worthy of a separate study in its own right, but to provide background and context for the more complete study of unmāda in the medical literature which shall follow.

II. UNMĀDA IN NON-MEDICAL SANSKRIT LITERATURE

1. Unmāda and the Vedic Samhitas

The most significant hymn dealing with unmada is to be found in the Atharva Veda (6.111):

imaṃ me agne puruṣaṃ mumugdhyayaṃ
  yo baddhaḥ suyato lālapīti /
atodhi te kṛṇavad bhāgadheyaṃ
  yadānunmadito'sati //1//

agniṣṭe ni śamayatu yadi te mana udyutam /
kṛṇomi vidvān bheṣajaṃ yathānunmadito'sasi //2//

devainasādunmaditamunmattaṃ rakṣasaspari /
kṛṇomi vidvān bheṣajaṃ yadānunmadito'sati //3//

punastvā durapsarasaḥ punarindraḥ punarbhagaḥ /
punastvā durviśve devā yathānunmadito'sasi //4//

1. O Agni, Release this man for me,
   he who bound and well secured chatters incessantly,
   That he may thus attend to your sacrificial share
   when he shall become freed of madness.

2. If your mind be crazed,
   let Agni calm it for you.
   Possessing the knowledge, I prepare a remedy
   so that you may be freed of madness.

3. Maddened by the mischief of the gods,
   maddened by a demon.
   Possessing the knowledge, I prepare a remedy
   so that he may be freed of madness.

4. May the Apsarases, Indra, and Bhaga
   return you,
   May all the gods return you
   so that you might be freed of madness.

Both gods (Deva) and demons (Rakṣas) are here regarded as the cause of mental disorder, and the administration of appropriate remedies is believed to counteract it. Agni is invoked for healing efficacy, and there is a promise of

future propitiation in return.

It is noteworthy that this hymn, consisting of four verses, occurs in the 6th book of the Atharva Veda which for the most part is characterized by hymns of three verses. Here the structure of the first stanza is uniquely different from the remaining three, containing three 11 syllable quarter-stanzas (i.e. 3/4 of a triṣṭubh) and a final 8 syllable quarter-stanza (1/4 of an anuṣṭubh) which is repeated at the end of the third verse. All of the following 3 stanzas are anuṣṭubh verses. From this we might infer that the first verse is originally from another source, as old or older as the rest in view of the presence of the archaic imperative modal inflection of the perfect, mumugdhi from √muc.

That the individual is "bound and well secured" may imply that unlike the therapeutic context of the rest of the hymn, the first verse may be referring to a victim of an impending human sacrifice. Sāyaṇa's gloss of madīyam for me unintentionally supports this view, i.e. a victim belonging to the sacrificer rather than the indirect object of the supplication for healing. Verses 2-4 clearly show therapeutic intent. References to the practice of human sacrifice in the older tradition also support this view. In this regard Renou (1971) discusses the correspondence of human sacrifice and the divine prototype in the Rig Veda (§ 21), notes the presence of details of the human sacrifice in the Taittirīya Brāhmaṇa (§ 52), the probability of earlier human sacrifice in the agnicayana and rājasūya ceremonies,

the memory of which survives in the recitation of the Śaunaḥ Śepa (§189), a reference in the Śatapatha Brāhmaṇa to the sacrifice of 166 men in the puruṣamedha (§ 215) etc. (§65,§235).

The Apsarases are the female consorts of the Gandharvas and are associated with gambling, dice, and insanity (AV 2.2.5). In AV 6.130 they are requested to madden (ud... mādaya) the desired object of a woman's heart, so that he might think of no one else but her.

The Taittirīya Saṃhitā (3.4.8.4) also associates the Gandharvas and Apsarases with insanity. Although Agni is not mentioned by name, as in AV 6.111, the text suggests that hot coals should be offered for one who is mad.

Other passages pertaining to the sacrificial ritual state that unmāda will result from the failure to properly offer sacrificial animals to Indra. In TS 5.5.1.2 failure to sacrifice a team of animals is said to cause madness. In TS 7.3.10.4 insanity is regarded as the result of a sacrificer remaining in the other world instead of descending to this world during the Sāma Veda chanting.

In the Rig Veda the term unmāda does not necessarily denote a pathological condition, as in the later literature. It refers instead to an exhilarated, blissful, or euphoric state attained by various deities, usually Indra, after ingesting soma, the drug which was so extremely important to the Vedic ritual. Soma was deified, and many of the hymns of the Rig Veda were addressed to it, indicating

elaborate procedures for its preparation and use. Both Wasson (1968) and Ingalls (Wasson & Ingalls 1971) agree that soma was a psychotropic mushroom, probably Amanita muscaria, and that elaborate procedures were involved in rendering it safe. Ingalls disputes Wasson's claim that it was filtered through the human body and the urine of one who had drunk the soma preparation was also ingested, retaining the psychotropic properties without producing the accompanying digestive disturbances characteristic of the former preparation. If it has been correctly identified by Wasson, or is at least related to some other psychotropic mushroom if not Amanita muscaria as evidence from Kramrisch (1975) would support, we can infer a relationship between a particular drug induced state and mental disorder analogous to the relationship of present-day "psychotomimetics" and "psychosis".[1] This double meaning of the term unmāda, signifying both a state of divine ecstasy and a psychopathological condition, remains inherent in the Deva unmāda subtype in the ayurvedic nosology. There the emphasis is on the religious aspects of the symptomatology. The converse phenomenon--implications of psychosis in certain states of religious ecstasy--has been addressed by Glenn Yocum (1976).

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1 S. Cohen (1971) discusses the relationship between psychotomimetic induced psychotic states and otherwise occurring psychopathology on the basis of current pharmacological research.

The entire ninth book of the Rig Veda is devoted to Soma. Elsewhere[2] the state of mind resulting from the effects of soma, or even the effects on Indra of the ritual chanting of the Vedic hymns (RV 8.64.1) are also expressed by using forms of √mad with either the preverbs ud- or pra-. The use of √mad with preverbs in the Rig Veda corresponds to the use of the root in later Sanskrit without preverbs, where it is usually rendered "to intoxicate". The medical texts take mada for a less severe intoxication or preliminary mental aberation that may lead to unmāda (Bhela 6.8.t-c'; Śarṅg 1.7.33-35 etc.).

2 RV 1.83.6; 1.109.4; 2.33.6; 5.4.1; 7.57.1; 8.53.1; 10.136.6.

2. Unmāda and the Soteriological Systems

Ayurvedic medicine was not the only classical institution--or even the only Indian medical system[1]--addressing itself to the maintenance of good health and curing disease. Various speculative systems functioning as liberation doctrines existed in India advocating the acceptance of psycho-metaphysical premises and the practice of meditation with breathing exercises and specific postures. Although they emphasize the preventive over the curative, to a significant extent their objectives intersect those of āyurveda. The Buddha was sometimes referred to as mahāvaidya, 'the great healer'. Some form of liberation concept (mokṣa) is fundamental to most of the so-called orthodox Hindu philosophical systems (darśana), which might be usefully compared with the objectives of psychoanalysis and psychotherapy when isolated from its mystical context.

R.C. Majumdar recently described the relationship between yoga and medicine as follows:

> [The Yoga system is] not only philosophy but also a discipline of the body to make it function in a state of perfect health and flexibility. A branch of this discipline known as hathayoga, is a refined form of physical culture involving the voluntary as well as involuntary muscles of the body and claims to cure

1 For discussions of non-ayurvedic medical systems which have been practiced in India, including Muslim, Greek, Buddhist, and non-ayurvedic South Indian systems, see Pp. 214-5,220-2,264-6,268-73 of R.C. Majumdar, "Medicine," Ch. 4 in D.M. Bose et al. (eds.), A Concise History of Science in India (New Delhi: Indian National Science Academy, 1971), Pp. 213-73.

> many pathological conditions. This integrated system of mental concentration, breath control, sense-control and physical culture can also be called a medical system. Āyurveda has not borrowed from it but this system has always been held in high respect in India and has recently earned a spate of popularity in Western countries (Ibid.:235).[2]

In addition to Yoga, the same might be said about **Vedānta**. Buddhism, and Jainism. These all recognize the existence of pain and suffering at a basic level in the human condition and advance their particular approach as the appropriate means to overcome it. All of them, Hindu and non-Hindu, therefore serve as liberation doctrines and are here referred to as soteriological systems.

There seems to have been a vigorous interaction and rivalry among these different schools, each vying for disciples and arguing for the dominance of their own viewpoint in an intellectual environment in some respects like our own, with controversies reminiscent of those which have raged among the Freudian, Adlerian, Watsonian etc. schools of Western psychological thought in modern times.

Sāṃkhya and Yoga see the individual as a collection of material constituents (prakṛti) in constant flux, mutating from one state to another motivated by a non-material essential principle (puruṣa), which remains constant, a

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2 Although such ideas may be interchangeable from one discipline to another within the culture, R. Lannoy (1971:xxiii) discusses the problems involved when individuals from one culture attempt to borrow the institutions of another.

sole source of stability in an ever changing material world. Vedānta denies the existence of a basic dualism of prakṛti and puruṣa and claims there is in reality only one basic unitary principle, brahman or ātman, which is at the same time the center of the individual, the individual himself, and the fundamental principle of all reality of which the individual is a part. The Buddhists, on the other hand, deny the existence of any such fundamental principle, brahman or puruṣa and are indifferent to both monism and dualism. They see the individual as a collection of attributes characterizing a particular moment, and although these characteristics move from one moment to the next in an orderly manner, the existence of an underlying immutable entity at their root is expressly denied.

Despite the differences of their fundamental premises, all of these and āyurveda as well agree on a common objective: to overcome pain and suffering, however variously each might conceive it. The Sāṃkhya Kārikā, oldest and most authoritative work on Sāṃkhya and thus containing the metaphysical roots of Yoga, begins thus:

> duḥkha-traya-abhighātāj jijñāsā tad-abhighātake hetau dṛṣṭe sā apārthā cen naikānta-atyantato 'bhāvāt (SK 1).
>
> When afflicted with the threefold suffering, there is a desire to understand the cause of the affliction. Upon learning what it is, if it should seem meaningless, this is not so since it is neither unique nor boundless [i.e. it is complex but finite].

Here Gauḍapāda, principal commentator on this work, elucidates the three forms of suffering and uses the same termin-

ology as Suśruta, viz. endogenous (ādhyātmika), exogenous (ādhibhautika), and fortuitous or by divine agency (ādhidaivika) (see chart, P.62).

The Buddhist view of suffering (duḥkha) is unique in that it regards duḥkha as the essence of the human condition. The individual is not afflicted by pain and suffering at a specific point before which he had no problem, and there is no underlying essence in the individual which is 'pure' or free from duḥkha as there is in most of the other systems. Moved by his contemplation of disease, old age, and death, the Buddha enunciated the four noble truths: suffering, the origination of suffering, overcoming the suffering, and the Eight-fold Noble Path that leads to the cessation of suffering.[3]

Āyurveda differs from this Buddhist approach. It regards the normal condition as healthy and disease as an affliction arising from various causes when the pathogenic bodily elements (doṣa) are aroused. Although the metaphysical premises of Buddhism would not so indicate, Buddhist literature does recognize secondary afflictions at a more mundane level than the ultimate malaise of existence, and consequently there seems to have never been a rift between Buddhist and orthodox medical systems. The Bower Manuscript

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3 duḥkham duḥkha-samuppādam duḥkhassa ca atikkamam ariyam cā-'ṭṭhā'ṅgakam maggam duḥkhū-'pasama gāminam (Dhammapada 14.11.191). See C.K. Raja, The Sāmkhya Kārikā of Īśvarakṛṣṇa, 1963, p.46.

is a Buddhist text containing sections with various healing potions which are similar and sometimes identical to those of the classical ayurvedic texts. The Aṣṭāṅgahṛdaya Saṃhitā, the latest of the three great (bṛhattrayī) classical ayurvedic texts (along with Caraka and Suśruta), became the most popular of them in Tibet because of its reverence for Buddhism.[4]

Unmāda is mentioned explicitly in a variety of Buddhist texts. Conze includes a cure for madness related to "suddenly being roused from a trance", taken from an Indian Buddhist text preserved in Chinese translation.[5] For a number of references to ummāda, the Pāli counterpart of unmāda in the Buddhist canonical literature, see the entries following ummajjati in F.L. Woodward et al., Pāli Tipiṭakaṃ Concordance (volume 1, 1956), p. 421. References to ummatta and ummāda in post canonical Buddhist literature may also be found in T.W. Rhys Davids & William Stede, Pāli-English Dictionary (1925).

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4 See the edition and translation of Vāgbhaṭa (1965) by Claus Vogel, containing the first 5 chapters of the Tibetan version.

5 "Chih Ch'an Ping Ching. Takakusu XV, 333" in E. Conze et al. (Eds.), Buddhist Texts Through the Ages (1954), Pp. 274-5. There seems to be a similar quality in the problem dealt with in this passage and that of TS 7.3.10.4, discussed in the previous, in which the sacrificer becomes insane owing to an inability to return from the 'other world'. Both passages are concerned with trauma during the passage to or from an 'altered' state with consequent mental disorder.

Turning back to the orthodox soteriological literature, we note that the Sāṃkhya Kārikā (SK 49) mentions 17 varieties of injury to the intellect (buddhi-vadha), and in the commentary Gauḍapāda lists unmāda among them. These seventeen are collectively related to lack of competence and failures in achieving aspirations. In the Yoga Sūtras the term unmāda does not occur, although a related term, pramāda, is found in YS 1.30. If unmāda is to be understood as the manifestation of a psychotic state arising in a previously normal individual, pramāda designates the personality disorganization characterized by immaturity and irresponsibility. It refers to a particular deluded mental state, implying a lack of self discipline. Veda Vyāsa, in his commentary on YS 1.30, says:

> pramādaḥ samādhi-sādhanānām abhāvanam
>
> Pramāda is a failure to conceptualize the means of concentration.

This point is made in a discussion of the several factors under the rubric of bewildered thinking (citta-vikṣepa) which impede (antarāya) the desired mental state, i.e. the objective of Yoga praxis. These are accompanied by pain (duḥkha), depression (daurmanasya), shakiness of the body (aṅga-mejayatva), and irregular breathing (śvāsa-praśvāsa) (YS 1.31). The commentary here states the threefold causes of duḥkha as stated earlier by Gauḍapāda (on SK 1) and Suśruta (Su 1.24). He explains that pain induces in man the desire to alleviate it and discusses depression et al.,

which arise concomitantly with the bewildered mental state.

> duḥkha-daurmanasya-aṅgamejayatva-śvāsa-praśvāsā vikṣepa-sahabhuvaḥ
>
> Pain, depression, trembling limbs, and irregular breathing accompany the bewilderment (YS 1.31).

The Kaṭha Upaniṣad also employs the term pramāda to denote an impediment to the attainment of desirable goals. Yama, the first man to die and thus lord of the world of the dead, warns:

> na sāmparāyaḥ pratibhāti bālaṃ pramādyantaṃ
> vittamohena mūḍham/
> ayaṃ loko nāsti para iti mānī, punaḥ punar
> vaśam āpadyate me// (Kaṭha Up. 1.2.6)
>
> The passage at death to the other realm is
> not manifest to a child, to one who is in a
> deluded state owing to infatuation by his
> acquisitions, nor to a fool;
> Thinking that there is this world and no other,
> again and again he is brought under my control.

Upon further consideration of the relevance of Yoga (and Vedānta to a lesser extent) to psychiatry, we must conclude that it is its elucidation of psychology rather than psychopathology that is salient. Here let us digress momentarily on the features of the structural and functional personality theory developed in the Yoga Sūtra inasmuch as it is in large measure implicitly accepted by or parallel to that of the ayurvedic medical texts.

Patañjali, author of the Yoga Sūtra, recognized a fundamental dichotomy between the conscious (samprajñāta) and the unconscious (asamprajñāta):

> vitarka-vicāra-ānanda-asmitā-rūpānugamāt samprajñātaḥ// (YS 1.17)
> virāma-pratyaya-abhyāsa-pūrvaḥ saṃskāra-śeṣo 'nyaḥ// (YS 1.18)
>
> The conscious is derived from the form of doubt, deliberation, happiness, and egotism (YS 1.17).
>
> The other (i.e. unconscious) is the residual formation when the ideas associated with the preceding mental activity are silent (YS 1.18).

These residual formations influence the conscious mental processes (YS 4.24,27), and they are considered a source of pain (kleśavad) which should be eliminated (YS 4.27,28). In this sense Yoga and Freudian theories agree that the dominance of unconscious forces is undesirable.

The structural components of the psyche include citta, the thinking faculty; manas, the perceptual-cognitive faculty which is proximal and superintending sensory and effector organs (indriya); buddhi, the intellectual-judgmental faculty that is guided by puruṣa and proximal to manas; and puruṣa, the non-material ultimate in the personality structure which oversees the functioning of all the preceding material mental faculties. Perceptual awareness is accomplished when the material mental fluctuations (citta-vṛtti) are 'seen' by puruṣa, also known as draṣṭṛ, the Seer (YS 1.3). Unlike the material (prakṛti) components, the puruṣa is immutable, and it provides direction and purpose to the activities of the material mental organs as well as the ultimate context of one's awareness. Mental activities (citta-vṛtti) are classified according to five

basic modalities: determinative thinking (pramāṇa), erroneous thinking (viparyaya), doubt (vikalpa), sleep (nidrā), and memory (smṛti). Some of these in turn are then subclassified (YS 1.5-11).

Unconscious mental elements are of four types, though the distinctions among them are not necessarily rigorously maintained: (1) Vāsanās are the mental elements abiding in the deep unconscious which are regarded as the latencies, tendencies, or potentialities with which one is born. In the sense that there is a tendency for the vāsanās to actualize themselves through manifestations in the consciousness, they are suggestive of the Freudian concept of instinctual drive. They are equivalent to the maturation of the particular qualities of prior acts (YS 1.7-8). (2) Samskāras are the 'formations' left from prior thought function (citta), and they in turn exert an influence on subsequent mental activity. It is a specific objective of Yoga practice to eliminate them in the higher form of concentration (nirbīja-samādhi), i.e. 'seedless' (YS 1.51). (3) Kleśas are 'afflictions' which are strongly associated with saṃskāras, and in some contexts they seem to represent the experiential aspect of the same entity (YS 4.28). They are obstacles to the objectives of Yoga and may lie dormant in the unconscious until triggered by a particular sense perception. They are subclassified into 5 groups associated with: ignorance (avidyā), egotism (asmitā), passionate

attachment (rāga), hate (dveṣa), and perseveration (abhiniveśa) (YS 2.3). (4) Karmāśayas are elements of the unconscious existing as the result of the individual's actions impelled by the kleśas, and the individual may either be aware or unaware of their presence (YS 2.12).

Yoga practice is based on the objective of quieting and silencing undesirable mental activities by means of focusing and then concentrating one's attention on a chosen object, employing the aid of various abstinences, observances, postures, and breathing exercises. Samādhi, denoting idealized concentration, is the term applied to the achievement of these goals.

Yoga is not the only Indian soteriological system suitable for study as an ethnopsychology. The canonical Buddhist abhidhamma piṭaka texts contain much on psychology and metaphysics that are also especially amenable to such study.[6] Vedānta[7] and Jainism[8] are also suitable.

If we attempt an analogy between Āyurveda and the soteriological systems, the goal of the medical system, instead of liberation (mokṣa), might be viewed as the

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6 See Ramachandra Rao (1957, The Elements of Early Buddhist Psychology. For studies based on information supplied by devotee informants rather than textual sources, see D. Goleman (1972), "The Buddha on Meditation and States of Consciousness, Part I: The Teachings," and D. Goleman (1975), "Mental Health In Classical Buddhist Psychology." Goleman's articles are a reflection of popular interest, and he is an editor of Psychology Today.

7 See Ramachandra Rao, Śaṅkara--A Psychological Study.

8 See Kalghatgi (1961), Some Problems in Jaina Psychology.

normal healthy state of the bodily elements (*dhātūnām prakṛti-sthatvam*) and the dissipation of disease; i.e. *vigata-unmāda* in the case of mental disorder (Car 6.9.97; AHr 6.6.60; AS 6.9.40). Inasmuch as it is a psychological impediment to that goal, culpable insight (*prajñā-aparādha*) is to Āyurveda what *avidyā* is to Yoga and *moha* is to Nyāya (See Dasgupta 1932:415,423).

THREE TRADITIONAL INDIAN PERSPECTIVES

	Medical	Orthodox	Buddhist
Basic condition prior to problem:	the norm is healthy; equilibrium of bodily elements	puruṣa or ātman	(fundamental condition identified with 'problem')
Problem:	illness and disease; derangement or disequilibrium of the doṣas	obscurity of puruṣa or ātman; ignorance (avidyā); suffering (duḥkha)	suffering (duḥkha)
Solution:	therapy; return bodily elements to prior equilibrium	purification and manifestation of puruṣa or ātman; understanding (vidyā); liberation (mokṣa)	extinction of pain (nirvāṇa)
Method:	employment of animal, vegetal, and mineral preparations; performance of prescribed ritual procedures	acceptance of doctrinal premises; practices involving meditation, breath control, postures, observances etc.	acceptance of doctrinal premises; 8-fold Noble Path

3. *Unmāda* and the Quasi-Legal Texts

The *dharma śāstra* texts, here regarded as quasi-legal texts which represents only one aspect of their domain, deal with popular customs and rituals, codes of conduct for various classes of society, initiation and burial rites and so forth. Like many early texts of the orthodox soteriological systems discussed in the preceding section (*Yoga Sūtra* and *Sāṃkhya Kārikā*), important *dharma śāstras* were composed in the first half of the first millenium. The earliest and most important of the metrical texts is the *Mānava Dharma Śāstra*, consisting of 2,684 *ślokas* and believed to have assumed its present form at approximately 200 A.D. (MacDonell 1971). Such treatises provide a wealth of information about the culture, attitudes, and general style of life in classical India. They are briefly discussed here to provide insight into the role of the insane person (*unmatta*) in the society.

The general issues dealt with in these texts pertain to *unmāda* (insanity) in a legal sense, including: the victims of crimes, invalid gifts, the validity of a witness's testimony, feigned madness, prescribed penances associated with insanity, and injunctions against contact of a householder with the insane. With regard to civil law--inheritance, contracts, debts, types of marriage, and divorce are discussed. With regard to criminal proceedings, the implications of the insanity of the defendent are discussed.

The society made special provisions for the insane person, protecting him from others who might seek to take advantage of him and even the king.

> Thoughtful ones have declared the taking away from those who are sleeping, insane, or irresponsible (supta-unmatta-pramatta) through various ploys to be theft (Nār 17.17).

And in a discussion of the activities and duties of the king:

> He should not fight with one who is afraid, intoxicated (matta), insane (unmatta), irresponsible (pramatta), badly defeated, women, children, the elderly, and Brahmans. Those who are assaultive (ātatāyin) are excepted (Baudh 1.10.10-11).

Insane persons are one of 16 classes of people whose gifts are invalid. Others include those dominated by fear, anger, hatred, sorrow, or pain and those who are sick, children, and fools (Nār 4.9-10). Those who speak falsely as a result of insanity, intoxication, old age, foolishness etc. do not sink before the consequences as others would (Gaut 5.25). In a similar list, which also includes women, children, gamblers, and slaves, their testimony as witnesses is not considered valid (Nār 4.178).

The maintenance of purity has been and remains an important factor in Indian society. The snātaka, a Brahman who has achieved a certain social status by virtue of his having been 'bathed' at the completion of his Vedic studies, is not permitted to look at various things including insane or intoxicated persons (Viṣṇu 71.30-31) among other things (Op cit. 71.19-29). Those suffering convulsions, insane ones, drunkards, and blind men etc. should not be looked

upon by householders (Manu 3.159,161).

In the Kauṭilīya Arthaśāstra, a manual on the acquisition and maintenance of political power (nīti śāstra) comparable to Machiavelli in pragmatism and candor, the use of "insanity" as a disguise for spies is suggested:

> In "Rules for the Administrator" the protection of the country has been described. We shall (now) explain the weeding of thorns in that (country).
> The Administrator should station in the country (secret agents) appearing as holy ascetics, wandering monks, cart-drivers, wandering minstrels, jugglers, tramps, fortune-tellers, soothsayers, astrologers, physicians, lunatics [unmatta], actors, brothel-keepers, vintners, dealers in bread, dealers in cooked meat, and dealers in cooked rice. They should find out the integrity or otherwise of village officers and heads of departments. And whomsoever among these he suspects of deriving a secret income, he should cause to be spied upon by a secret agent...(Kau 4.4, Kangle [1972:V.2,P.265] trans.).

The vānaprastha, an individual at the prescribed stage of life who goes off to dwell in the forest in solitude, is directed to acquire merit through idiosyncratic behaviors. He should not wear any identifying marks or obey any discernable rules of conduct. Though not mad (anunmatta), he should clothe himself like one who is insane (unmatta-veṣa).

The dharma śāstras describe certain penances similar to those prescribed in the medical texts which were intended to counteract unmāda, or at least pramāda.[1] This suggests that to some extent, an insane person might derive solace from not just a medical practitioner, but from soteriological

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[1] Vas 27.19; Baudh 4.3.1; 4.4.1.

systems and the dharma śastras as well.

Insane persons, along with those entering an ascetic order, eunuchs, outcastes, and the incurably diseased etc., were disqualified from their rights of inheritance. Their maintenance and care, however, usually was said to become the responsibility of those who received their share.[2] Manu also notes that if the insane person should take a wife, his offspring did have a right to inheritance (Manu 9.203, see also Nār 16.22). According to Kauṭilya, if the insane person should marry and be sterile, a relative shall procreate sons for him and assign shares to them (Kau 3.5).

Contracts were not valid which were made by insane persons, children, women, the aged, the diseased, or those under the threat of force or coercion.[3]

Kauṭilya discusses the legal aspects of libel and defamation of character and sets fines for cases involving calumny, contemptuous talk, and intimidation. One risked punishment for slandering another by calling him unmatta, though the punishment was reduced if the accused himself were insane. Doctors and neighbors were the accepted authorities.

> Calumny, contemptuous talk, or intimidation constitutes defamation.
> Among abusive expressions relating to the body, habits, learning, occupation, or nationalities, that of calling a deformed man by his right name, such as "the blind", "the lame", etc., shall be punished with a fine of 3 paṇas. If the blind, the lame, etc., are

2 Visnu 15.33; Vas 17.52-54; Manu 9.201; Nār 16.22.
3 Viṣṇu 7.10; Manu 8.163; Nār 4.137. N.B. Yajñ 2.32.

insulted with such ironical expressions as "a man of beautiful eyes", "a man of beautiful teeth", etc., the fine shall be 12 paṇas. Likewise when a person is taunted for leprosy, lunacy [unmāda], impotency, and the like. Abusive expressions in general, no matter whether true, false, or reverse with reference to the abused, shall be punished with fines ranging above 12 paṇas, in the case of persons of equal rank.

If the persons abused happen to be of superior rank, the amount of the fines shall be doubled; if of lower rank, it shall be halved. For calumniating the wives of others, the amount of the fines shall be dubled.

If abuse is due to carelessness pramāda , intoxication mada , or loss of sense moha , etc., the fines shall be halved.[4]

As to the reality of leprosy and lunacy, physicians or neighbors shall be authorities.

As to the reality of impotency, women, the scum of urine, or the low specific gravity of feces in water (the sinking of feces in water) shall furnish the necessary evidence (Kau 3.18, Shamasastry [1961:218-9] trans.).

Marriage as an important institution is discussed at great length in the dharma śāstras. Topics covered include the duties of husband and wife, ritual marriage ceremonies of various types, guidelines for the selection of a spouse, and situations justifying the termination of marriage. Manu states that there are exceptions to the requirement that a woman must show respect for her husband, also indicating by the context that unmāda was regarded as relatively more severe than pramāda and mada.

A woman who violates [her husband] who is irresponsible (pramatta), intoxicated (matta), or suffering from disease (rogārta),
She shall be deserted for three months and deprived of ornaments and furnishings.

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[4] No punishment at all according to a Munich Ms. See also Yājñ 2.204,206,214.

> There is no abandoning or taking away the possessions of the woman who is averse to
> A husband who is insane (unmatta), debased (i.e. 'fallen' from caste), emasculated, impotent, or sick as a consequence of disease (Manu 9.78-79).

The distinction seems to be between temporary and reversible conditions vis-à-vis those which are not. In the Viṣṇu Smṛti (17.20) the rights of a woman to divorce an impotent, outcaste, or insane husband and to subsequently remarry are more explicit.

Guidelines concerning the qualities and defects of a prospective mate were enunciated. Faults of maidens include long-lasting and despicable diseases, deformity, defilement, and having been enamoured with another. Faults of suitors include insanity (unmatta), loss of caste, impotence, ugliness, and the abandonment of relatives as well as the long-lasting and despicable deseases and deformity included above for maidens (Nār 15.36-37), but apparantly Nārada places no restrictions on the virginity of the male. It was considered improper to misrepresent a young girl who was in some way defective in order to secure a marriage, and specific fines are mentioned by Kauṭilya for defects pertaining to sexual relations of both bride and groom (Kau 3.15). On the other hand, Manu states that a caveat protects one from redress:

> Having first declared her faults, the giver of a girl in marriage--
> Who is insane, leprous, or tainted by sexual intercourse--he is not liable to punishment (Manu 8.205).

Several unrecommended forms of marriage were sanctioned, possibly because of the importance of marriage to the society and the requirement of virginity for the prospective bride. By thus sanctioning the following as 'forms of marriage' with the attendent responsibilities of marriage, the society may have been providing for the welfare of certain victims. The Piśāca type was defined as the marriage resulting from the sexual assault by a man on a woman who was asleep, unconscious, intoxicated (matta), irresponsible (pramatta) etc.[5] Sexual intercourse with an insane woman, a more severe debility, may also have constituted Piśāca marriage, but I have not found any explicit references to unmatta in this regard. The lowest form of all was the Rākṣasa type, which was defined as marriage resulting from the forcible abduction or rape of a woman. Certain conditions of Rākṣasa and Piśāca categories seem to overlap, and different texts may disagree on whether pramatta is in one category or the other (See Nār 15.43). In the ayurvedic medical texts both Piśāca and Rākṣasa are the names for classes of demons said to possess people and making them insane, and as we shall see, the diagnostic subcategories of āgantu unmāda are roughly analogous to the features of these marriage types.

In criminal assault cases there were provisions for the reduction of a penalty where irresponsibility (pramāda), intoxication (mada), or infatuation (moha), etc. (ādi)--

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[5] Viṣṇu 24.26; Baudh 1.11.9; Gaut 1.4.13.

implying unmāda as well--were mitigating factors (Kau 3.19). In the case of one person threatening another, the penalty depends on whether the threat is actually carried out, whether the threat was provoked, and the mental condition of the accused (Op cit. 3.18). In the case of trespass on one's house, an insane person was excused from punishment, as was a mendicant, trader, intoxicated person, close neighbors under threatening circumstances, and several others (Kau 4.13).

When someone planned a robbery and hired others to carry out the plans, he was required to pay both the fine for his criminal activities as well as the amount promised to those he hired, except where his case was extenuated by rage, intoxication, or infatuation. Then he paid only the fine (Kau 3.17). When a murder was committed by an intoxicated person, the punishment was reduced from the death penalty accompanied by varying degrees of torture to merely cutting off the murderer's hand. One Ms. of Kauṭilya says that if the crime was committed by someone in an infatuated mental state (moha), considered a mental derangement for forensic purposes, the fine was 200 paṇas (Kau 4.11).

According to Kauṭilya, standard procedure when a person was accused of a crime was to take him into custody and question him. If his story was corroborated by reliable witnesses, he was released, but if not, he was then tortured until he confessed. Exempted from such torture to illicit

confessions were those whose offence was small (<u>manda-aparādha</u>), children (<u>bāla</u>), the elderly (<u>vṛddha</u>), sick (<u>vyādhita</u>), intoxicated (<u>matta</u>), the insane (<u>unmatta</u>), those who were exhausted by hunger, thirst, or travel (<u>kṣut-pipāsa-adhva-klānta</u>), those who have eaten too much (<u>atyāśita</u>) or have eaten unprepared foods (<u>āmakāśita</u>), and those who are weak (<u>durbala</u>). These were to be watched secretly by various sorts of spies and thus outwitted (Kau 4.8).

4. Unmāda and the Literary Tradition

Several recurring literary themes have associated insanity and love. Kathā Sarit Sāgara 15.65 recounts the story of Unmādinī, so named because all who beheld her beauty were maddened. Śakuntala is described as unmādayitṛ, the maddener, in Act I because upon seeing her King Duṣyanta is crazed with love. In act VI prior to her appearance in his court, the king is characterized as mad. Unmādana is similarly the name of one of Kāma's five arrows because it is "maddening" (Trikāṇḍaśeṣa 1.1.40; Vetālapañcaviṃśati 7.3). Purūravas exemplifies the frustrated male who is deprived of his lover and wanders about like one insane (unmattavat) when his relationship with Urvaśī was broken by Indra (Bṛhad Devatā 7.150 etc.). Perhaps the earliest association between frustrated love and and unmāda in Indian literature occurs in the Atharva Veda (6.130). This hymn is a love potion invoking deities and natural forces to inflict madness on the object of a woman's desires if her love is not returned.

> This is the Apsarases' love-spell, the conquering resistless ones'.
> Send the spell forth, ye Deities! Let him consume with love of me.
>
> I pray, may he remember me, think of me, loving and beloved.
> Send forth the spell, ye Deities! Let him consume with love of me.
>
> That he may think of me, that I may never, never think of him,
> Send forth the spell, ye Deities! Let him consume with love of me.

> Madden him, Maruts, madden him. Madden him, madden him, O Air.
> Madden him, Agni, madden him. Let him consume with love of me.
> (AV 6.130, Griffith [1962:V.1,Pp.317-8], trans.)

In addition to the stories of Unmādinī, King Duṣyanta, and Purūravas cited above, the association of insanity with literary characters occurs elsewhere in the Kathā Sarit Sāgara (81.62; 91.8; 121.230) and other sources, such as Kādambarī, Daśakumaracarita, Uttara Caritam, Mālavikāgnimītram etc.[1]

An insane character plays a pivotal role in the Sanskrit commedy by Mahendravikramavarman entitled Mattavilāsa Prahasana. L.D. Barnett in the Bulletin of the School of Oriental Studies (V.4 Pp.697-717) says of him: "The poor lunatic babbles and acts with consequent inconsequence that reminds the reader of Lewis Carroll" (Unni 1974:17).

The Nāṭya Śāstra, a manual for the dramatic arts, contains instructions for properly depicting and evoking different emotional conditions. Durable psychological states (sthāyibhāva)--including love, mirth, sorrow, anger... --are distinguished from complementary psychological states

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1 These have been cited by P.V. Sharma (1972), Indian Medicine in the Classical Age, p.68. Professor Royal Weiler has pointed out with reference to King Lear that there is much to be said on the relationship of insanity and Western literary characterization. See "Insanity," in the appendix of Horace Howard Furness (Compiler), A New Variorum Edition of Shakespeare, King Lear (1880), V. 5, Pp. 412-7.

(vyabhicāribhāva)--which include intoxication (mada), insanity (unmāda), epilepsy (apasmāra) and others (Nāṭya Śāstra 6.18-21). The dramaturgical treatise assumes the precepts of āyurveda in its discussion of unmāda, noting that disease (vyādhi) is related to a disorder of the three pathogenic bodily elements (doṣa), viz. wind (vāta), bile (pitta), and phlegm (kapha) (Ibid. 7.82). Not surprisingly in a text focusing on drama, the type of unmāda termed "arising from sorrow" (duḥkha) by Suśruta is cited first instead of its usual position following the endogenous categories in the medical texts.[2] It is said to arise from the death of loved ones, loss of wealth, and other adversity (Ibid. 7.83). The three types associated with the doṣas are also recognized. On the stage unmāda is represented by the following behaviors:

> without cause laughing, crying, calling out, chattering unrestrained, lying down, sitting, running, dancing, singing, reciting texts, scattering ashes and dirt about, wearing ragged and filthy clothing with grass and leftover sacri-

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2 Caraka is the only one of the major medical texts that does not recognize a purely functionally based diagnostic category in its psychiatric nosology, which it restricts to 4 endogenous (nija) and 1 exogenous (āgantu) types. Suśruta, Vāgbhaṭa, and the principle later texts include at least one additional category to account for the śokaja (or synonymously termed) category. Though Bhela appears to follow the five-fold scheme of Caraka (Bhela 2.7.i;6.8.1), there is one verse in an incompletely surviving chapter (2.7.h) which seems to allude to a similarly conceived functionally based category.

cial garlands...[3]

The furious sentiment (raudra rasa) was associated with the Rākṣasa demon (Ibid. 6.63).

The account of Arjuna trying to avoid going into battle in the Bhagavad Gītā contains the archetypal elements of fear as sketched in the Nāṭya Śāstra (7.21ff.).[4] Arjuna describes himself thus:

> My limbs sink down,
>   And my mouth becomes parched,
> And there is trembling in my body,
>   And my hair stands on end.
>
> (The bow) Gāṇḍīva falls from my hand,
>   And my skin, too, is burning,
> And I cannot stand still,
>   And my mind seems to wander.
>
> (Bhagavad Gītā 1.29-30, F. Edgerton (1964:6), trans.)

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3 Nāṭya Śāstra 7.83; see also 7.84-85 and V. Raghavan (1963), Bhoja's Śṛṅgāra Prakāśa, Pp. 414,631.

4 They are also in accord with the description of fear in C.R. Darwin (1890), The Expression of Emotions in Men and Animals, Pp.290-2 quoted in Wm. James, Principles of Psychology, V.2,P.446.

III. CLASSICAL AYURVEDIC SOURCES FOR UNMĀDA

In this section we shall provide some necessary background on aspects of the ayurvedic tradition and a brief discussion of the pertinent texts on which our study of unmāda is based. Before that, however, a few words on the major scholarly contributions to the study of traditional Indian medicine are in order so that subsequently arising issues might be placed in historical context.

1. Western Scholarship on Āyurveda

The earliest non-indigenous appraisal of Indian medicine that I have encountered is contained in the remarks of Arius, a 4th Century presbyter of Alexandria, which praise the prowess of the Indian physicians, exceeding the Greeks' in treating snake bites.

> in the expedition of Alexander to India, "the Grecian physicians found no remedy against the bites of snakes; but the Indians cured those who happened to fall under that misfortune." "For this reason," Nearchus tells, "Alexander, having all the most skilful Indians about his person, caused proclamation to be made throughout the camp, that whoever might be bitten by one of these snakes should forthwith repair to the royal pavilion to be cured. These physicians are also said to have made other cures; but, as the inhabitants have a very temperate climate, they are not subject to many varieties of disease. However, if any among them feel themselves much indisposed, they apply to their Sophists (Brahmans), who, by wonderful, and even more than human means, cure whatever will admit of it." (Wise 1860:vii quoting Brooke (Ed.), Arrian's Indian History [London, 1729], vol 2,ch 15, p.232.)

Despite this very early notoriety, the reputation of the traditional medical system did not maintain itself, and by the period when Western interest in Indology had begun to take root, contradictory sentiments prevailed. Sir William Jones, a linguistic genius among the earliest Western Sanskritists and founder of the Asiatic Society of Bengal in 1784, is reputed to have said "that there is no evidence that in any language of Asia there exists one original treatise on medicine considered as a science" (Wise 1860:iv). To account for the prevalence of this misconception, Wise suggested that the contempt of muslim and later British conquerors who favored their own medical systems was one of several important factors.

> While other branches of Hindu philosophy have been made the frequent subject of discussion, and much that is curious and important has been discovered by European philosophers, it is remarkable into what neglect the medical śāstras have fallen; from the contempt with which the conquerors of Hindustan regarded the scientific knowledge of the Hindus. This explains, why their system of medicine was despised, and their works neglected, and forgotten. When the English student directed his attention to the Sanskrit language, he seldom extended his examination to the medical śāstras, with which the Brahmans were rarely conversent; and when he did study the subject, it was in a cursory manner, and he in general was incompetent to judge of the real value of such professional works (Wise: Loc cit.).

Notwithstanding the neglect by scholars of the existing ayurvedic medical tradition, by the 19th Century, and probably well before that, the ritualistic propitiation of deities locally associated with various diseases had in large measure displaced ayurvedic medical treatment for the vast

majority of the Indian population. There were, however, a small number of highly respected and very dedicated hereditary physicians in the service of the wealthy, and their concern for the preservation of the classical medical literature kept the tradition alive. For the preparation of the most comprehensive of the 19th Century studies of Indian medicine, Thomas A. Wise had the opportunity to study with such a medical family in Bengal. He laments the fact that

> After some enquiry I find there are not more than four or five persons, in this part of India, who are acquainted with the Hindu Medical Śāstras (Ibid.:v).

Prior to Wise, Horace Hayman Wilson may have been the first Western scholar to give serious attention to the traditional Indian medical system. In 1823 his article, "On the Medical and Surgical Sciences of the Hindus," was published in Oriental Magazine and Calcutta Review, vol. 1, and a study of leprosy (kuṣṭha) in Transactions, Medical and Physical Society, Calcutta, vol. 1, 1825. Several specialized studies by others followed.[1] which were synthesized by Royle (1837) along with his own ideas in An Essay on the Antiquity of Hindu Medicine, London. As mentioned above, the more comprehensive work by T.A. Wise followed, Commentary

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1 According to Wise (p.iii), "a perservering traveller had afforded a sketch of certain opinions contained in the Hindu Medical Śāstras, as translated into the Tibetan language (Mr. A. Soma de Köros, Journal of the Asiatic Society, Calcutta, No. 37, Jan 1835)...an antiquarian and a distinguished physician had given some of their peculiar opinions, as found in the medical works of the South of India (Heyne, Tracts on India and W. Ainslie, Materia Medica Indica, 2 vol., 2nd Ed., 1826).

on the Hindu System of Medicine, appearing in 1845 with subsequent reprints in 1860 and 1900. The author was a British physician assigned to the Bengal Medical Service. In 1867 he also published Review of the History of Medicine, 2 vol., London, which dealt with early Asian medical systems. It was arranged in three sections, covering Hindu, Buddhist, and Chinese medical systems and was directed to a wider audience, with most of the Sanskrit technical terminology of the earlier work deleted.

During the decades at the turn of the century, there arose an healthy interest in Indian medicine among scholars of several European countries. Palmyr Cordier studied the Aṣṭāṅgahṛdaya Saṃhitā of Vāgbhaṭa in his Études sur la Médecine Hindoue (Besançou: Impr. du Progrès, 1896) and after that wrote a number of articles published in Journal Asiatique and other French journals.[2] In 1901 Julius Jolly's Medicin was published in Grundriss der Indo-Arischen Philologie, Bd. 3 H. 10 (Strassburg: Trübner), which remains an extremely useful work. It was translated from German into English in 1951 by C.G. Kashikar and contains a review of the textual sources and various points of the traditional medical praxis with references to the sources. Some of the former material, however, is outdated. Between 1900 and 1906 Jolly wrote a more specialized series of four articles in ZDMG, "Zur Quellenkunde der Indischen Medicin," on

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2 See Meulenbeld (1974) and Vogel (1965) bibliographies.

(1) Vāgbhaṭa, (2) I-tsing (Chinese traveler), (3) an early commentary on Suśruta, and (4) the Cikitsākalikā of Tīsaṭācārya. A.F.R. Hoernle, writing in English, had become interested in Indian medicine after undertaking his studies of the Bower Manuscript, which had been descovered in 1890 by a Lieutenant Bower in Chinese Turkestan. His completed work, The Bower Manuscript, was published in 1912 as volume 22 of the Archeological Survey of India, with installments having already appeared from 1892 in the Indian Antiquary. Between 1906 and 1909 in JRAS he wrote a series of five articles, "Studies in Ancient Indian Medicine," dealing with (1) commentaries on Suśruta, (2) anatomical terms, (3) I-tsing and Vāgbhaṭa (not specifically designated part of the series), (4) the composition of Caraka Saṃhitā based on textual critical methodology, and (5) the composition of Caraka Saṃhitā in light of the Bower Manuscript. Hoernle was especially interested in anatomy, and in 1906 his book was published entitled Studies in the Medicine of Ancient India, Part I: Osteology (Oxford: Clarendon). There were no subsequent volumes.

Upon reviewing the works of Cordier, Jolly, and Hoernle, one finds discourse and disputation indicating that the study of Indian medicine was a lively field. Cordier (1901) reviewed Jolly's first "Quellenkunde" article (1900) on Vāgbhaṭa, and the articles of Hoernle and Jolly were frequently mutually critical. Hoernle's "I-tsing and

Vāgbhaṭa," JRAS, Pp. 413-4, 1907, sought to refute Jolly's argument advanced in an identically titled article in the same volume, Pp. 172-5. In a review of Hoernle's book (1906), A.B. Keith (ZDMG, Pp. 134-9, 1908) commended the astute and lucid presentation of anatomical material, but sharply criticized Hoernle's arguments on the dating of the medical texts. The review, however, did not ameliorate the impact of the book, and criticism of Hoernle's specious arguments which resulted in misleadingly precise and inaccurate chronology persist to the present day among later scholars.

The next generation of scholarship on āyurveda includes the chapter on medicine in volume 3 of Moriz Winternitz, Geschichte der Indischen Literatur (Leipzig: Amelang), which was published in 1920. A translation by Subhadra Jhā appeared in 1967 with added notes to update the text--though ignoring the conclusions of Hilgenberg and Kirfel (1941) and Vogel (1965) regarding the relative chronology of Vāgbhaṭa and Vṛddha Vāgbhaṭa. The reader may nevertheless find it useful to consult Winternitz for historical references to other studies in this field not covered in the present survey. The three volume work of Girindranath Mukhopadhyaya, History of Indian Medicine (New Delhi: Oriental Books Reprint Corp., 1974) was originally published by the University of Calcutta, 1922-29. It was the expanded and revised version of an essay receiving the Griffith Prize in 1911, and it concerns itself less with strictly medical

issues (like Wise 1845; Jolly 1901) or even the medical textual sources (like Jolly 1901; Winternitz 1920) than the role of medicine and the medical sources in the Sanskritic tradition at large. In many ways it remains the most comprehensive survey of a large number of sources, discussing and quoting from a range of infrequently treated vedic, epic, and medical texts.[3] Surendra Nath Dasgupta (1932) in the 2nd volume of the History of Indian Philosophy, 5 vol. (Cambridge: University Press, 1922-55), vol. 2 (1932), Pp. 273-436 provides an engaging chapter entitled "Speculations in the Medical Schools." He deals with the role of Sāṃkhya and Vaiśeṣika terms in the medical texts, and he argues that the disputations and confrontations taking place at meetings of ayurvedic physicians (referred to in Car 3.8) led to the development of formalized Nyāya. He deals with other philosophically pertinent issues, such as the unique concept of karman in the medical texts, and surveys the traditional medical sources.

The latest stage in our brief account of scholarly contributions to the study of āyurveda begins with the "Einleitung" to the German translation of Vāgbhaṭa's Aṣṭāṅgahṛdaya Saṃhitā by Luise Hilgenberg and Willibald Kirfel (Leiden: Brill, 1941). They were first to refute the prevailing view, argued by Cordier, Jolly, Hoernle etc., on

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3 E.g. descriptive first lines from each chapter of the Bhela Saṃhitā are reproduced (vol.3,Pp.535-41) etc.

the relative chronology of the so-called Vṛddha Vāgbhaṭa, author of the Aṣṭāṅga Saṃgraha, and Vāgbhaṭa, author of Aṣṭāṅgahṛdaya Saṃhitā. Employing textual analysis and referring to other "Vṛddha" authors, they showed that the metrical composition of the latter work is earlier than the mixture of verse and prose of the other, and in fact the Saṃgraha text gradually developed as an outgrowth of the Saṃhitā. In his introduction to a translation of the Tibetan and Sanskrit versions of the first 5 chapters (of 120) of the Aṣṭāṅgahṛdaya Saṃhitā (Wiesbaden: DMG, Auftrag, Bd.35 H.2, 1965), Claus Vogel reviews and summarizes these arguments on chronology with additional insights. He also discusses the Tibetan version and its relationship to the Sanskrit. Jean Filliozat, La Doctrine Classique de la Mèdecine Indienne (Paris: Imprimerie Nationale, 1949) focused on Caraka and Suśruta and their relationship to Greek sources as well as the vedic and pre-aryan roots of Indian medicine. It was translated into English by Dev Raj Chanana (Delhi: Motilal, 1964). Finally, we note the work of G.J. Meulenbeld on Mādhava, The Mādhavanidāna and Its Chief Commentary, Chapters 1-10 (Leiden: Brill, 1974). It contains a number of useful appendixes, including glossaries of Sanskrit medical authors and technical terms, botanical equivalents of plants, and medical annotations from a modern perspective on conditions dealt with in the text. The bibliographies of both Vogel and Meulenbeld are useful supplements to that of the present work.

2. The Ayurvedic Tradition

The two most important textual sources for the scholarly study of traditional Āyurveda are the Caraka Saṃhitā and the Suśruta Saṃhitā. The later texts to which we shall also refer are all in some measure dependent upon the foundation laid by these two. They cover much of the same material, though Caraka is frequently more complete in the development of theoretical premises and Suśruta is distinguished by its emphasis on surgery. Each of the two also credits a different patriarch, Caraka paying homage to Ātreya Punarvasu and Suśruta to Dhanvantari. Caraka recognizes the existence of the Dhanvantarīyas, i.e. the school of Suśruta, recognizing their special surgical skills.[1]

The name Ātreya, designating a descendent of Atri, seems to have a longstanding association with physicians at various periods. Atri is the family name to which Book V of the Rig Veda is attributed,[2] and Filliozat notes the continuity from Veda to Āyurveda:

> The legend of the transmission of the Āyurveda from the gods to human beings could find in the Vedic tradition no one more suitable than a personage who was not only the intermediary between the gods and men but also the special ward of medical gods and of the instructor god. Being too divine as he represented Agni (Bergaigne 1963), he could not as well pass for the first human being who learnt

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1 Car 6.5.44,63. See Filliozat 1964:15.

2 For various references to Atri in Vedic literature, see MacDonell & Keith, Vedic Index of Names and Subjects (1967), Vol.1 P.17.

> medicine from the gods, as did his descendent (Filliozat 1964:7).

Ātreya is also recognized in the Buddhist tradition, and Mukhopadhyaya (1974:Vol.3 Pp.681-744) relates several accounts of the Jīvaka legend in which this king learned the art of medicine from this famous physician. These stories are independent of the Caraka Saṃhitā, and it may be noted that skill in opening the skull, which seems to have been considered an extraordinary therapeutic feat (Ibid.:691-2), is more suggestive of the surgical procedures of the Dhanvantarīyas than we might have expected from the school of Ātreya in Caraka. This Buddhist Ātreya might have resided at Takṣaśilā and have been a contemporary of the Buddha. Filliozat, however, convincingly disputes Hoernle's identification of him and the Ātreya Punarvasu of the Caraka Saṃhitā who taught at Kāmpilya on the Ganges (Car 3.3.3), in another part of India.

> One can, therefore, believe that one or more Ātreyas, traditionally known as eminent doctors, have existed, but one cannot admit with Hoernle that the Ātreya Punarvasu who is said to have received the medical science from the mythical Bharadvāja was the Ātreya, who in the Buddhist sources is made a contemporary of the Buddha. The legends of the origins of the Āyurveda, as found in the two medical saṃhitās, do not seem to be based on any historical souvenir. They appear to have been built out of conjectures, based on the data of the Vedic tradition relating to doctor-gods, to their wards and to Brahmanical masters (Filliozat 1964:11).

Without delving into the intricacies and problems raised by the classical accounts,[3] we shall briefly sketch the

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3 See Filliozat 1964, Ch. 1: "Classical Indian Medicine: The Āyurveda," Pp. 1-31.

"pseudo-history" contained in the ayurvedic sources.[4] Both Caraka and Suśruta agree that the original Āyurveda was first revealed in 100,000 ślokas by Svayambhū (i.e. Brahman). Because of the inability of humans to learn it in that form (cf. Manu and Purāṇa), he taught an abbreviated version in 8 parts to Prajāpati, who taught it to the Aśvins, who imparted it to Indra. At this point the two traditions diverge. Suśruta holds that Indra then taught it to Dhanvantari,[5] who was incarnate as Divodāsa, king of Kāśi. Suśruta, the first human in this account to receive the medical doctrine, recorded it from the words of Dhanvantari.

According to the tradition of the Caraka Saṃhitā, Indra was requested by a group of seers (ṛṣi) to deliver the medical doctrine to their representative, Bharadvāja,[6] who then taught it to the other seers, among them Ātreya Punarvasu. Ātreya trained six disciples including Agniveśa,

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4 See chart: "The Patriarchs of Āyurveda", p.63.

5 See Louis H. Gray, "The Indian God Dhanvantari," JAOS, 42:323-37, 1922.

6 Bharadvāja is the author of Book VI of the Rig Veda and is a frequently cited author and seer in the later vedic saṃhitā and brāhmaṇa literature. He is variously identified as the personal priest (purohita) of Divodāsa (Pañcaviṃśa Brāhmaṇa 15.3.7) or as Divodāsa himself (Böhtlingk & Roth, Sanskrit Wörterbuch). See MacDonell & Keith (Op cit., Vol.2 Pp. 97-8) for further remarks on connections between Bharadvāja and Divodāsa, which in effect link the Dhanvantari of Suśruta Saṃhitā with the seers of the Caraka Saṃhitā.

Bhela and four others. Agniveśa was the principal among these and the first to compose an instructional text to preserve the doctrine of Ātreya. Compositions by his contemporaries followed, but only the Bhela Saṃhitā remains, and that text survives only with numerous lacunae and problematic passages.

Colophons of the Caraka Saṃhitā and Car 6.30.289-90 indicate that the composition of Agniveśa was called the Agniveśa Tantra and that it was reconstructed (pratisaṃskṛta) by Caraka. Part of Caraka's revision was lost (Loc cit.), and Dṛḍhabala completed the adumbrated version, finishing the last two books and 17 chapters of the sixth book. In addition to his work on these last 2½ books not available (aprāpta) from Caraka, Dṛḍhabala may also have worked on other chapters of the text as well. The question of whether he did, and if so, on which chapters remains problematic (Meulenbeld 1974:410-3). The date of Dṛḍhabala is fixed at approximately 500 A.D. by Meulenbeld who brings us up to date on the recurring controversy over which 17 chapters of Book VI (Cikitsāsthāna) of Caraka are in fact the work of the second revisor. Hoernle had reached two different conclusions in his two studies of the problem, based on different textual-critical criteria, without attempting to rationalize his findings.[7] The Gulabkunverba edition of

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7 A.F.R. Hoernle, "Studies in Ancient Indian Medicine, Pt. IV: The Composition of the Caraka Saṃhitā, and the Literary Methods of the Ancient Indian Medical Writers, (a Study in Textual Criticism)," JRAS, 1908, Pp. 997-1028;

Caraka (1949) claims to have resolved the question of authorship of all but 7 chapters of the Book VI (Vol.1 Pp. 103-5; see also Pp. 68-71 below).

Unlike the Suśruta Saṃhitā which is generally considered to be essentially the composition of its namesake, one should note that Caraka is the redactor of the work bearing his name, which was composed by Agniveśa. Ḍalhaṇa, an important commentator on Suśruta in the 12th Century, states in his Nibandha Saṃgraha on Su 1.1.1 that a Nāgārjuna revised the Suśruta Saṃhitā (pratisaṃskṛta 'pi iha Nāgārjuna eva), and other commentators agree without mentioning Nāgārjuna by name (See Dasgupta 1932:424-5 and Meulenbeld 413-4). The Aṣṭāṅga Saṃgraha, an eclectic text which in some cases attempts to rationalize discrepancies between Caraka and Suśruta, suggests a link between the two traditions by its inclusion of Suśruta among the 6 disciples of Ātreya Punarvasu, which is at variance with earlier lists in Caraka and Aṣṭāṅgahṛdaya Saṃhitā (Jolly 1951:18).

In determining chronology of the texts, scholars have considered several factors, including references in the chronicles of Chinese travellers and Persian and Arabian physicians. Of the Chinese travellers in India, including Fa Hsien (399 AD) and Hiouen Tsung (630-645 AD), I-Tsing is the most important for dating the early medical texts. He

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and "Studies in Ancient Indian Medicine, Pt. V: The Composition of the Caraka Saṃhitā in the Light of the Bower Manuscript, (an Essay in Historical and Textual Criticism)," JRAS, 1909, Pp. 857-93.

stayed in India from approximately 672 to 688 AD (Vogel 1965:8). A composition dated 849/50 AD by a Persian physician, Alī ibn Sahl Rabban aṭ-Ṭabarī, includes "a survey of the Indian system of medicine" and has been useful in dating Vāgbhaṭa and others (Ibid.:10). Jolly referred to a work of circa 900 AD by a famous Arabian physician Razi (or Rhazes) and the Indian-Arabic work of Sanaq (circa 910-920). Barmakide Yahya ibn Chalid (circa 805) ordered the preparation of a translation of Suśruta (Jolly 1964:14), and the chronicles of Al-Bīrūnī (1030 AD) and others[8] have also been useful.

Since the therapeutic use of opium, the employment of diagnostic pulse feeling, the calcination of metals in curative preparations, and the widespread occurrence of smallpox were relatively later phenomena,[9] mention of one or more in a text also helps to solve problems in dating. Paleographic data (such as the Gupta script of the Bower Ms.) and textual critical methodology are also useful. The style of Sanskrit in a given text and the relative mixture of prose and verse may also be informative.[10]

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8 See also D.V. Subba Reddy, "Influence of Indian Medicine on Arabian and Persian Medical Literature," Indian Journal of the History of Medicine, 4(2):25-34, 1959; J. Jolly, "Zur Quellenkunde der Indischen Medizin--2. I-Tsing (Buddhist)," ZDMG, 57:565-72, 1902; A.F.R. Hoernle, "I-Tsing and Vāgbhaṭa," JRAS, 1907, Pp.413-4.

9 Jolly 1951:15. See also P. Kutumbiah, "The Pulse in Indian Medicine," Indian Journal of the History of Medicine, 12(1):11-21, 1967.

10 Cf. the relationship between Caraka Saṃhitā and Bhela

Before directing our attention to the specific ayurvedic sources in the next section, we note here that the Atharva Veda contains medically relevant material, including many formulas designed to attain therapeutic results. At best it might be considered a pre-systematic medical text, anterior or perhaps reflecting parallel popular beliefs with respect to the development of the professional medical system. Āyurveda has been variously considered a vedāñga, upaveda or otherwise ancillary to the Atharva Veda. Where Āyurveda attempts to systematize symptoms and diseases with reference to an underlying theory of bodily elements (doṣa etc.), the Atharva Veda and its Kauśika Sūtra (which is more informative than gṛhya sūtras generally of the other vedic schools--MacDonell 1971:212) assume demonic or otherwise magical etiology for nearly all disorders. A good account of vedic medicine, including the diseases covered, therapeutic ritual procedures, and points of divergence with the later Āyurveda (e.g. vocabulary changes such as the term for fever, takmaṅ in the Atharva Veda replaced by jvara in the ayurvedic texts) is given by G.M. Bolling ("Disease and Medicine--Vedic," in James Hastings [Ed.], Encyclopedia of Religion and Philosophy, 1912, Vol.4 Pp. 762-72). The dramatic

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Saṃhitā, the metrical style of which is probably similar to that of the Agniveśa Tantra on the one hand and Aṣṭāñga Saṃgraha and Aṣṭāñgahṛdaya Saṃhitā on the other. In both cases verse compositions yielded to more inclusive works composed in prose and verse.

reduction in the number and role of supernatural agents in the earliest ayurvedic texts from the _Atharva Veda_ and their gradual increase in subsequent medical texts may reflect an initial discontinuity with the vedic materials on healing as the quasi-empirically derived doctrine replaced earlier beliefs. Subsequent changes in the opposite direction may have been caused by a shift in values from empirical observations to authoritative texts and the persisting influences of popular religion and magic. Indicative of this is the subsequent increase in the number of _bhūta_ types related to _unmāda_ that are cited in the later medical texts. Eight are mentioned in Car and Su, eighteen in AHr and AS, and twenty in the still later _Śārṅgadhara Saṃhitā_.

It is characteristic of Āyurveda to formulate an etiologic analysis of a given disease in terms of a specific disorder of pathogenic bodily elements (_doṣa_), viz. wind (_vāta_ or synonymously _vāyu_, _anila_), bile (_pitta_), and phlegm (_kapha_ or _śleṣma_). In very severe cases the combination of these is specified (_sannipāta_). In certain cases of severe mental disorder (_unmāda_), convulsive epilepsy (_apasmāra_), childhood diseases, injuries etc., the cause is attributed to external factors or supernatural agents, and they are categorized exogenous (_āgantu_) vis-à-vis the the previous endogenous type (_nija_). Although this dichotomy is at least tacitly recognized in all of the texts, Caraka is the most explicit in the use of _nija-āgantu_ terminology.

Suśruta develops a somewhat more elaborate etiologic theory which distinguishes endogenous diseases (ādhyatmika), including genetic, congenital, and pathophysiological conditions; exogenous conditions (ādhibhautika), including those which are due to wounds, bites, other injuries, poisons etc.; and disorders arising as the result of fortune (ādhidaivika), including the effects of climatic or seasonal changes, magical or divine agencies, and the natural constraints on the human condition (Su 1.24). Although Suśruta's etiologic theory is somewhat more elaborate than Caraka's, the latter is more consistently employed in the discussion of unmāda and related conditions.[11]

Generally, however, those diseases which cannot be explained with reference to the ayurvedic doṣa concept of pathophysiology are explained with recourse to the pre-systematic, supernatural belief system, by hypostatizing external agencies (bhūta) which are associated with the disease. It is reasonable to expect that rapid onset and remission accompanied by a subjectively perceived, ego-alien experience would most likely be attributed to such āgantu etiology, and the texts conform to this expectation, as we shall see. Although the āgantu category in cases of unmāda etc. retains elements of its religio-magical roots, its assimilation into the ayurvedic system has left it duly affected by the medical perspective. Bhagawat Sinh Jee concluded that the bhūta

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11 See chart: "Suśruta's Etiological System", P.62.

types were equivalent to diagnostic categories, devoid of any remnant connotation of "demonic possession."

> The demoniacal diseases of the Hindus are but other words for hysteria, epilepsy, dancing mania, and other disorders of the nervous system (Sinh Jee 1896:202).

While this view is supportable by certain passages in Caraka on unmāda (Car 2.7.19-23) and the explication of personality types that arise in the developing embryo, which are described in terms equivalent to bhūta categories (Car 4.4.37-38), Sinh Jee's position in more general terms tends to be overstated. The Caraka Saṃhitā is in fact ambivalent on this issue, possibly because it is a work containing both an older strata and the interpolations of a redactor. Su 6.60 seems to accept the existence of "demons" (graha) as supernatural entities lacking the limitations of the abstract diagnostic category (See Su 6.60.22). Even here, however, in a rare passage where Suśruta contains the term bhūta (instead of graha)(Su 6.60.21), its usage is more consistent with the non-volitional diagnostic entity of Car 2.7.19-23 than the synonymous graha in the rest of the chapter. The reluctance of Su 6.60.21 to admit possession by the bhūtas may indicate that at some earlier period the concept of bhūta had been more clearly redefined in medical vis-à-vis demonic terms in both Caraka and Suśruta, and that theoretical structure had subsequently decayed. It is that earlier theoretical concept of bhūta to which Sinh Jee's point might correctly apply.

The ayurvedic view of the <u>karman</u> doctrine may similarly reflect a re-interpretation of a traditional concept in order to make it conform to the exigencies of a medical system.

> In none of these [non-medical systems] do we find the sort of common-sense eclecticism that we find in Caraka. For here it is only the fruits of extremely bad actions that cannot be arrested by the normal efforts of good conduct. The fruits of all ordinary actions can be arrested by normal physical ways of well-balanced conduct, the administration of proper medicines and the like. This implies that our ordinary non-moral actions in the proper care of health, taking proper tonics, medicines and the like, can modify or arrest the ordinary course of the fruition of our <u>karma</u>. Thus, according to the effects of my ordinary <u>karma</u> I may have fallen ill; but, if I take due care, I may avoid such effects and may still be in good health. According to other theories the laws of <u>karma</u> are immutable (Dasgupta 1932:403).

That is to say that in the medical system the effects of <u>karman</u> which are elsewhere conceived as being immutable and unavoidable have become mutable and avoidable (See <u>Ibid.</u>: 402-4). This is of course not surprising inasmuch as it would be difficult to justify the existence of a medical system if the occurrence and course of all disease were predetermined by events in a previous life instead of the present one.

Ātreya Punarvasu presents a vehement argument on this very point in Car 3.3.36, noting that the role of avoidable injuries, preventive and therapeutic measures, and the value of a salutary style of life etc. all become superfluous if life is predetermined. He cites many examples to illustrate this point and offers an astute analogy comparing the

life span of the axle of a cart and a man (Car 3.3.38). Under normal conditions with proper care an axle can be expected to last a given length of time, but under the stress of bad roads or too heavy a load it might break and require repair. So too for a man affected by decadent behaviors.

According to these passages in Caraka quoting Ātreya, there is an essential interactive relationship between destiny (daivya) (i.e. the result of actions in a previous life) and individual action (puruṣakāra) (i.e. actions performed in the present life (Car 3.3.30). Depending on their relative strength, either may dominate the other, but those who consider only destiny and not individual action come to the mistaken conclusion that life is completely predetermined (Car 3.3.33-34). Although a doctrine holding the immutability of karman is inconsistent with a belief in medical efficacy, this does not dismiss the influence of karman altogether. Furthermore, there are two types of karman, that which is very powerful and that which must be activated by a cause (Car 3.3.35). This reinterpretation formulating a doctrine of dichotomous karman can be readily embraced by a medical system to explain unknown and incurable conditions, as Jolly has noted:

> From the standpoint of the principle of rebirth, those diseases are considered as karmaja, i.e. proceeding from the misdeeds in a previous birth, for which there appears no visible cause and which resist the usual curing methods (Jolly 1951:72).

In the Aṣṭāṅgahṛdaya Saṃhitā (AHr 1.12.56-59) Vāgbhaṭa posits three basic types of disease: resulting from the

doṣas, from karman, and from a mixture of the two. The doṣa disorders are associated with actions in this life, and the karman disorders with a previous life.

> dṛṣṭa-apacārajaḥ kaścit, kaścit pūrva-aparādhajaḥ/
> tat-saṅkarād bhavaty anyo vyādhir evaṃ tridhā smṛtaḥ//
>
> Some arise from transgressions which are experienced,
> some from prior culpability (aparādha),
> From a mixture of these there is another,
> And thus disease is known to be threefold.
> (AHr 1.12.57)
>
> yathā nidānaṃ doṣotthaḥ karmajo hetubhir vinā/
> mahā-ārambho 'lpake hetāv ātaṅko doṣa-karmajaḥ//
>
> Arising from the doṣas it has the corresponding
> pathology, arising from karman it is without
> basis [in the present life],
> A malady with an intense onset when there is slight
> cause is the result of doṣas and karman.
> (AHr 1.12.58)
>
> vipakṣa-śīlanāt pūrvaḥ, karmajaḥ karma-saṅkṣayāt/
> gacchaty ubhaya-janmā tu doṣa-karma-kṣayāt kṣayam//
>
> The first after treatment counteracting [the doṣas],
> the karman type after dissipating karman,
> And the disease arising from both desists
> after the eradication of the doṣas and karman.
> (AHr 1.12.59)

Thus, any malady is cured when the influence of both the doṣas and karman is dissipated.

Inasmuch as Ātreya recasts the karman doctrine into psychological terms--as Vāgbhaṭa is loathe to do, it is the older patriarch who is more definite in his re-interpretation of the concept. According to Ātreya, the type of severe mental disorder (unmāda) attributable to exogenous (āgantu) etiology is the result of previously produced karman (pūrva-kṛtasya karma). While Cakrapāṇidatta, an 11th Century

commentator, emphasizes that its formation was in a previous existence (pūrva-deha), which is consistent with Caraka's and/or Agniveśa's discussion, the reference to Ātreya emphasizes the psychological antecedent upon which pūrva-kṛtasya karma is ultimately based, namely culpable insight (prajñā-aparādha) (Car 2.7.10). Ātreya also explains that the cause of widespread epidemics is either unrighteousness (adharma) or the prior formation of bad karman (asat-karma pūrva-kṛtam), and here again the source of both is culpable insight (prajñā-aparādha) (Car 3.3.20).

Vāgbhaṭa apparently sought to retain the earlier authoritative vocabulary while discarding the psychologically oriented/re-interpretation of the concept. Instead, he takes a more traditional view. In AHr 1.12.57 quoted above, Vāgbhaṭa uses aparādha (culpable) to characterize this karman and drops prajñā-, which was central to Ātreya's usage of the term. For Ātreya prajñā-aparādha was not so much a kind of karman, but the cause of the kind of karman ultimately resulting in exogenous mental disorder (āgantu-unmāda)/(see also P.91 below re: doṣa disorders) and widespread epidemics (jānapadoddhvaṃsana). The term prajñā-aparādha also occurs in the Aṣṭāṅga Saṃgraha (AS 6.7.5), an eclectic text in large measure based on the Aṣṭāṅgahṛdaya Saṃhitā. In a discussion of possession by the bhūtas, it also refers to a kind of deed as in AHr 1.12.57, viz. culpable insight in this case, instead of designating prajñā-aparādha an independent entity antecedent to karman as in Car 2.7.10.

teṣaṃ punar anupraveśe karaṇaṃ sadyaḥ pūrva-kṛto
vā viśeṣena prajñā-aparādhaḥ//

When they [the bhūtas] enter, it is the result of a presently or previously committed deed, especially culpable insight (prajñā-aparādha).
(AS 6.7.5)

The usage of the term, however, in a similar discussion in the earlier text, AHr 6.4.4, is consistent with Car 2.7 and is probably based on it.

As we have indicated, there was an increasing impact over time of the traditional, non-medical belief system on the understanding of concepts of karman and the etiologic role of the bhūtas, which was already reflected in the Caraka Saṃhitā--where references to Ātreya Punarvasu contain views distinguishable from the later discussion--and in subsequent texts to a greater extent. There are a number of surviving monographs from the later middle ages on various medical topics,[12] in some cases illustrating this trend rather impressively.[13] In this regard, a Ms. from about 1500 AD, Jñānabhāskara (Catalogue of Sanskrit Mss. in the India Office Library, #2719 (2030), Pp. 962-4), is of particular interest. It consists of dialogues between

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12 On pediatric therapy, a work entitled Bālacikitsā; on fever, Jvaratimarabhāskara, etc. (Winternitz 1967: 637-8n).

13 Winternitz also noted "There is a very voluminous literature on witchcraft and alchemy, a derived branch of medicine,..."(Op cit.:638). N.B. the treatise Kumāratantra, a text on the demons causing childhood disease. See J. Filliozat, Étude de Démonologie Indienne, Le Kumāratantra de Rāvaṇa et Les Textes Parallèles (Paris: Imprimerie Nationale, 1937).

Sūrya and his charioteer on the evils of human existence and various diseases which are all attributed to karman. Descriptions of pathology are sometimes detailed, but therapeutics are confined to expiatory procedures,

> medical treatment being jealously excluded and almost every case being represented as duścikitsyatama [most difficult to cure] , and only to be approached by penance, sacrifices and donations to the officiating priests (Cat. of Sanskrit Mss. in the India Office Library, P.963).

However much it may seem to stretch the bounds of formalized Āyurveda, inclusion in the contents of this Ms. of topics such as "The Subject of Wind Disorders" (vāta-roga-adhikāra) shows that it should not be excluded. Hence, texts such as this are extreme cases illustrating the radical influences of traditional, non-medical beliefs on the later medical system.

In concluding these remarks on some characteristic features of Āyurveda, we shall reiterate Filliozat's appraisal of the textual tradition, which both recognizes the shortcomings of the "pseudo-historical," legendary accounts on the one hand and on the other their

> meritorious efforts made to explain rationally health and disease. But the legend of the origin and the transmission of the Āyurveda is only pseudo-historical with a veneer of the scientific doctrine. This doctrine is derived from Brahmanic speculations, if not valid by themselves, at least by the tendency of the spirit that animated them; moreover, it is partly based on the observation of normal and pathological facts, thus giving it a connection with reality (Filliozat 1964:31).

The "inquisitive spirit" of the earliest protagonists in this endeavor is recognizably akin to that which underlies

enlightening research of the present day or any age.

SUŚRUTA'S ETIOLOGIC SYSTEM*

I Ādhyātmika - endogenous disease, i.e. arising from internal causes.

1. ādibalapravṛtta - defect in semen or the ovum, subdivided according to maternal or paternal source of the defect.

2. janmabalapravṛtta - congenital factors during pregnancy, usually lack of nourishment reaching embryo or any activity of the mother that might be harmful.

3. doṣabalapravṛtta - pathogenic imbalance of doṣas due to either somatic factors like poor diet or psychological factors such as excess of rajas or tamas, subclassified according to somatic or psychosomatic etiology.

II Ādhibhautika - exogenous disease, i.e. arising from disturbances in the physical environment, either the physical elements, other men, or animals.

4. saṃghātabalapravṛtta - external blow, wound, or bite.

III Ādhidaivika - fortuitously arising disease, possibly through divine agency.

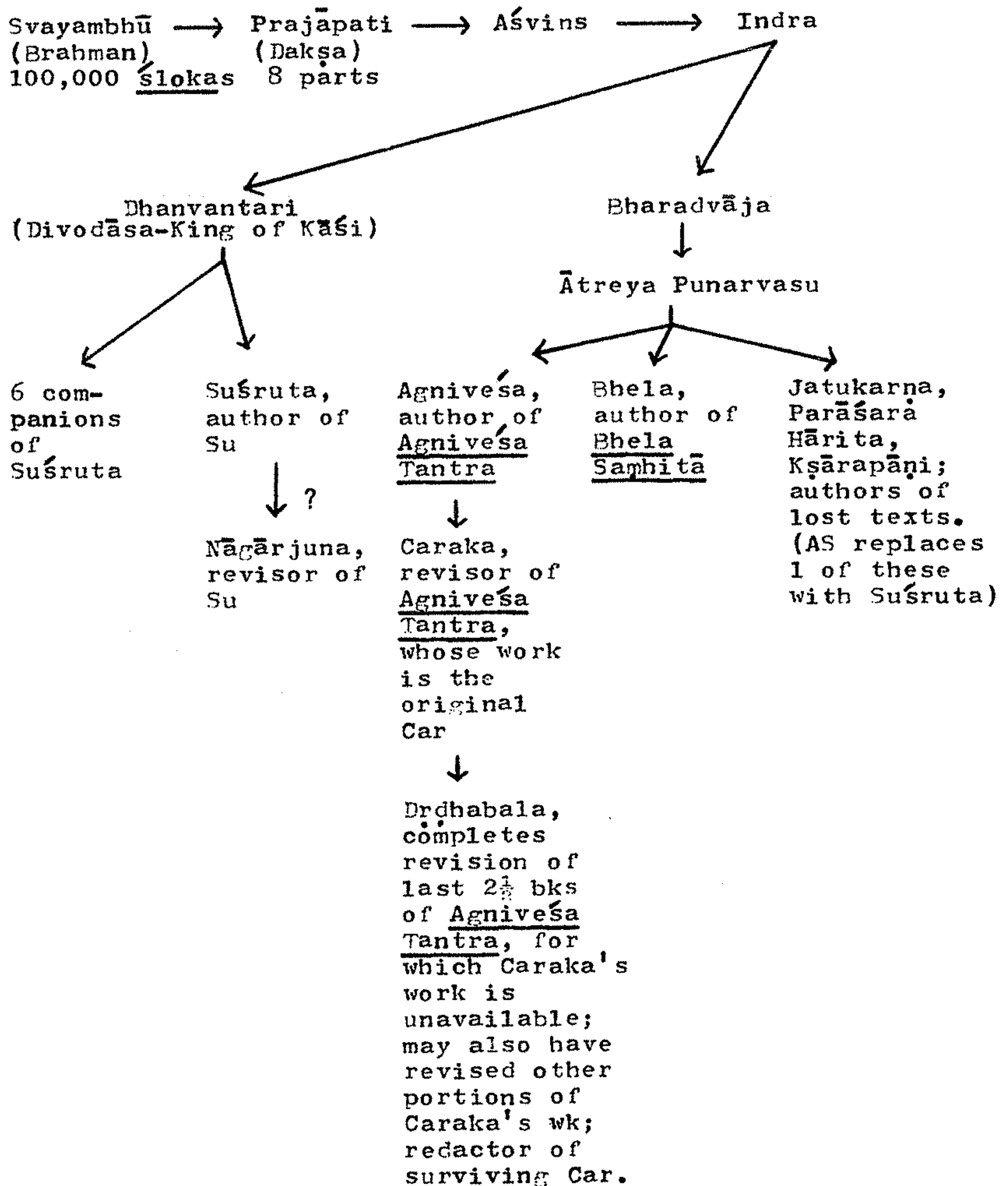
5. kālabalapravṛtta - irregularities or variations of climate or season.

6. daivabalapravṛtta - supernormal origin, e.g. spells, curses, and divine wrath, subdivided according to acts of god--e.g. lightning or demons, epidemic contagion, isolated accidents, and otherwise unexplainable disorders.

7. svabhāvabalapravṛtta - natural conditions and disabilities of human life, e.g. hunger, thirst, fatigue, and old age etc., subdivided according to those which are natural and unavoidable and those which are premature owing to unhealthy style of living.

* Su 1.24.

THE PATRIARCHS OF ĀYURVEDA*



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* Filliozat 1964:16; Jolly 1951:18-9.

3. The Ayurvedic Texts For the Study of Unmāda

In this section we offer a brief exposition on each of the classical ayurvedic texts pertinent to our study of unmāda. Wherever germane, we shall cover the probable date of the text, style of composition, principal commentaries, and the salient features of the particular text.[1] We shall also indicate the relative usefulness of a particular text in the present study.

ATHARVA VEDA (AV)[2]

As we have noted in the previous section, although the AV concerns itself with various problems of a medical nature, it is in fact not a systematic medical treatise in the sense of later ayurvedic works. It is concerned less with pathophysiology and more with magic, charms, spells, demons, and ritual procedures. In the later vedic literature, the Atharva Veda priest is considered "the physician of the sacrifice" (Gonda:271). Atharvanic interests are reflected in the names of some of the 9 schools, such as cāraṇa-vaidya, "wandering medicine-men" (Op cit.:272. Cf. the term caraka),

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1 See Jolly 1951:1-29 on "The Sources," which is an English translation of the original German edition of 1901. It is a clear and concise review although on some points it is outdated. See also Meulenbeld 1974: 389-486, Appendix Two, which succinctly summarizes scholarly studies of the texts, but without attempting an integrated overview.

2 See J. Gonda, Vedic Literature, Ch.VI, "The Atharva Veda" (Wiesbaden: Harrassowitz, 1975), Pp.267-311.

and Gonda notes that "As a source of information on 'primitive' medicine these texts are almost unparaleled in any other literature" (Gonda:279). Jolly (p.24) suggests that at an early stage, prior to the formulation of the systematic medical texts, there had been a rivalry between Atharvan priests and caste physicians.

Bolling[3] argued convincingly that the tridoṣa theory is not represented in AV, and that a reference to vāta (wind) in AV 6.44.3 refers to intestinal wind accompanying diarrhea rather than the more sophisticated, abstract pathophysiological entity of a later period. Dasgupta takes exception to this and concludes:

> some Atharvanic people had thought of a threefold classification of all deseases, viz. those produced by wind, those by water, and those by fire, or those which are dry and burning. This corresponds to the later classification of all diseases as being due to the three doṣas, wind (vāyu), phlegm (kapha or śleṣma) and bile (pitta)" (Dasgupta 1932: 300).

Being a vedic saṃhitā, with some hymns possibly as early as those of the Rig Veda (Gonda), the style of Sanskrit is of course older than the ayurvedic texts. Archaic grammatical forms including subjunctive conjugations, modal perfects, and the dated nominal declensions etc. are not uncommon. Determining the dates of composition of the hymns and codification of the text is a very difficult

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3 G.M. Bolling, "Disease and Medicine--Vidic," in James Hastings (Ed.), Encyclopedia of Religion and Ethics (New York: Scribner, 1912), Vol.4 Pp.762-72.

problem (Gonda:275), but has generally been estimated as falling between 900 and 500 BC (Basham 1959:xix). While the ancillary sūtra literature, viz. the Kauśika etc., is particularly helpful in our understanding of the saṃhitā, the printed commentary is not held in very high regard.

> The commentary attributed to Sāyaṇa, but most probably composed by another interpreter, contains a mass of etymological and other nonsense, worthless 'variants,' false constructions and other shortcomings; yet, sometimes it may put us, even by a not completely correct interpretation, in a fair way to a better understanding of a passage (Gonda: 310).

We have discussed the AV hymns on unmāda (6.111; 6.130; 2.2.5) in our discussion of "Unmāda and the Vedic Saṃhitās."

Bower Manuscript (BMs)

The BMs is not an ayurvedic text but a treatise composed by Buddhist authors consisting of 7 books, of which 3 deal entirely with medical topics. A.F.R. Hoernle, who worked extensively on the text, dates it between 350-375 AD,[4] with the Nāvanītaka--the 2nd book and most medically significant--composed some time earlier in the 2nd or 3rd century.[5] It is written in the Gupta script combining a mixture of Prakrit and irregular Sanskrit older than the language of Car and Su, entirely in verse, which is sometimes

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4 Jolly dates it at 450 AD also on paleographic evidence, and Filliozat between 4 - 6th centuries (Meulenbeld:431).

5 Hoernle, "Studies in Ancient Indian Medicine: V. The Composition of the Car in the Light of the BMs," JRAS, 1909, Pp.857-93.

elaborate, indicating that it was to be memorized (Winternitz 1967:629). It contains some passages identical to Car and refers to Suśruta, Agniveśa, Bhela etc., but not Caraka by name.

There are frequent references to the prominent figures of Buddhism, especially at the beginning of Book VI, and the 3 medical books contain prescriptions for remedies and potions rather than the systematically developed medical theory of the ayurvedic texts. The Ms. was discovered in a Buddhist stūpa in Kashgar, Chinese Turkestan, and Hoernle's account of how he came to possess it reads like a mystery novel.[6] It was sold to a Lt. H. Bower in 1890, who was on an expedition to capture a murderer, by a man who had found it while looking for treasure. This man was persuaded by Lt. Bower to take him to it, but he was willing to do so only at night because he feared the Chinese would kill him for bringing a European there.

The BMs contains very little on unmāda, except to note various remedies which are effective in treating it in the Nāvanītaka section (BMs 2.101,123,142,285,333,341,729).

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6 Hoernle, The Bower Manuscript, Archeological Survey of India, New Imperial Series, Vol.22 (Calcutta: Supt Govt Printing, 1893-1912).

Caraka Saṃhitā (Car)

We have already commented on the "pseudo-history" that is traditionally associated with the text and the textual-critical problems associated with Dṛḍhabala etc. in the preceding section. Car is the name given to the revision of the Agniveśa Tantra, which does not survive as an independent text. Meulenbeld has reviewed the problems in assigning a date to Caraka's redaction, and he suggests that it either existed or was prepared "in the first two or three centuries of our era" (p.404). Based on the authority of Chinese sources, it has been argued that Caraka was a court physician to the Buddhist king, Kaniṣka, circa 100-200 AD,[7] which has been accepted by Jolly (p.16; see also Meulenbeld:403-4).

The text contains a combination of prose and verse passages, and if we permit ourselves to use the Bhela Saṃhitā as a guide, the original Agniveśa Tantra was also a verse composition. Thus, it is possible that the prose represents commentary, interpolations, and additions to this earlier work. If this is the case, it corresponds to the relationship that has been suggested between AS, also a composition in prose and verse, and the AHr, an entirely metrical composition with many passages recurring in AS.

There is one chapter in Car on the pathology (nidāna) of unmāda (Car 2.7) and another on the therapeutics (cikitsā)

7 A.L. Basham (Ed.), Conference on the Date of Kaniṣka, April 20-22, 1960, London (Leiden: Brill, 1968).

of unmāda (Car 6.9), though in fact Car 6.9.1-23 also deals with the former topic. As is common in Car the subject is introduced by referring to the views of Ātreya Punarvasu, and this is followed by a more complete prose discussion. Chapter 2.7 contains the typical phrase as it is about to conclude: bhavati ca-atra (and here there is [the verse]),[8] which seems to mark what follows as a quotation of probably older verses (Car 2.7.19-23). In this chapter we notice what may be regarded at the very least as a shift in emphasis between both the position of Ātreya and the concluding ślokas on the one hand and the prose elaboration comprising the bulk of the chapter on the other. Ātreya's position and the concluding remarks stress the role of culpable insight (prajñā-aparādha), seemingly in the present life, and denounce the view that āgantu unmāda is the result of a volitional option on the part of a bhūta. The onus is clearly on controllable behaviors and attitudes of the individual. Caraka's prose discussion shifts the emphasis to an active role of the bhūtas, who are free to act when karman resulting from actions in a previous life permit.

The therapeutic formulas of Car 6.9.24ff. are all ślokas which contrast with the prose and epic triṣṭubh verses that precede. Many of these ślokas on therapeutics occur verbatim or as approximate equivalents to passages

8 This phrase as a marker introducing verses is also common in Su and AS.

in other texts such as AHr, AS and BMs, and it is not improbable that in some cases later texts are not merely paraphrasing the earlier ones, but that several sources here are drawing from a common body of nighaṇṭu literature. Filliozat (1964:25-6) has suggested that the passages most useful to the practitioner have been put in verse to make them more accessible for heuristic memorization. While this idea is not supportable in Car 2.7, where everything including the elaboration of the clinical conditions is in prose, except the older theoretical concepts summarized at the conclusion, it does apply to Car 6.9, especially if we consider that it is the clinically descriptive passages specifying the various types of unmāda which are cast in the more elaborate epic meters. Thus, of the metrical passages, we must distinguish potentially older ślokas quoted from the Agniveśa Tantra from ślokas possibly drawn from parallel compendiums of therapeutics, and these from passages in more complex meters which may have been versified for heuristic purposes at a later date.

As we would expect for a text as popular and important as Car, there have been many commentaries. The most frequently cited and most often printed is the work of Cakrapāṇidatta, also known as Cakra or Cakrapāṇi. His work is entitled Āyurvedadīpikā, also known as Carakatātparyaṭīkā. Its composition is believed to have been in in the period between 1060 and 1075 (Meulenbeld:401), and indicates that Car existed at that time in its present form.

Cakrapāṇidatta also wrote a commentary on Su and noted that the text of Car was then in poorer condition. The oldest commentary of Car is by Hariśandra, and although fragments are quoted in later commentaries, it has not survived.

Among later Indian medical authors (Vāgbhaṭa etc.) and among outside observers of the Indian tradition (Al-Bīrūnī[9] etc., see Jolly:16), Car is consistently held to be the earliest text of 'the great three' (bṛhat-trayī), viz. Car, Su, AHr. Since it is the most theoretically well-developed, internally consistent, and medically oriented (vis-à-vis non-medical traditional beliefs) on unmāda, it has been the single most important source for our purposes. Caraka recognized a basic dichotomy between endogenous (nija) and exogenous (āgantu) types of unmāda, where other, later works tended to differentiate demonic possession and unmāda by placing the two in proximal, but separate chapters. While our study is most indebted to the theoretical formulations in Car, variations and additions in later works have been useful not only in supplementing our data base, but also in distinguishing relevant historical currents.

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9 Al-Bīrūnī (973-1048), Chronology of Ancient Nations, translated by Edward Sachau, 1879.

Bhela Saṃhitā (BhS)[10]

Along with Agniveśa, Bhela was among the six disciples of Ātreya Punarvasu, and this work represents the only surviving composition contemporary with the Agniveśa Tantra. As such, it should be considered an earlier text than the Car, though later than the Agniveśa Tantra on which Car is based since Agniveśa is traditionally considered the first to have composed a medical treatise reflecting the doctrines of Ātreya. Vāgbhaṭa and later medical commentators refer to Bhela, but with some confusion concerning his identity (Mukhopadhyaya:528-9).

There are two printed editions which are based on a single Ms.[11] from 1650 containing many lacunae and mistakes. My translation (see Appendix) is based on the 1921 Calcutta edition and I have not yet been successful in attempts to consult the Banaras edition of 1959 which, however, is based on the same Ms.[12] Mukhopadhyaya (p. 534) refers to a second Ms. (Radh 32 in Aufrecht's Catalogus Catalogorum) which could be extremely useful in filling the lacunae and correcting

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10 See G. Mukhopadhyaya, History of Indian Medicine, Vol. 3 Pp. 528-46.

11 Ms. #10773 in A.C. Burnell, A Classified Index to the Sanskrit Mss. in the Palace at Tanjore, 1880.

12 The passages are not numbered in the 1921 printed edition, and I have assigned letters by line in my translation, so as to distinguish the numbering of the passages in the printed editions of the other texts. See Bhela, Bhela Saṃhitā, edited by Asutosh Mookerjee, Calcutta Univ Jour of the Dept of Letters, Vol.6, 1921.

mistakes of the other. It is, however, "in a native library in Lahore" and apparently not readily available.

BhS is composed entirely of *śloka* verses, and it parallels Car in its arrangement of topics and chapters. Like Car, the 7th chapter of the 2nd book is devoted to the pathology (*nidāna*) of *unmāda*, but unfortunately the first part of this chapter is missing. Bhela alludes to *unmāda* caused by personal misfortune (2.7.g-h) but does not treat it as a separate type like Su and the later texts (*duḥkha-mānasa-unmāda*, Su6.62.4). BhS 6.8 deals with the therapeutics for *unmāda* (cf. Car 6.9), and it begins with a review of the clinical types of *unmāda* with more detail than the other texts on the major psychological events in the etiology. Bhela also distinguished the preliminary and less severe mental condition, called *mada*, from *unmāda* in some detail (BhS 6.8.s-d'), which is lacking in Car. Information on therapeutics is less extensive though similar to that of Car, Su, AHr, and AS.

Suśruta Saṃhitā (Su)

After Car, Su has been the most highly regarded ayurvedic text. Meulenbeld (Pp.431-2) suggests the first 3 centuries AD as the later limit of its composition. The name, Suśruta, was known at the beginning of the 10th century in East Asia and was found on an inscription of King Yasovarman (889-910 AD) in Cambodia. Suśruta was mentioned by an Arabian physician, Razi, in a work of

approximately 900 AD and by I-Tsing. He is also referred to and quoted in the BMs. Like Car, Su contains almost no mention of opium, pulse-feeling, and small pox--as we expect from its antiquity--and Jolly suggests the few mentions of therapeutic mercury compounds may be later interpolations (p.15). References to Sāṃkhya philosophy (Su 1.3) follow the formalized doctrines of Īśvarakṛṣṇa rather than the more rudimentary form found in Car.

Like Car and AS, Su is a composition in prose and verse, and on the subject of unmāda, it tends to show the effects of traditional, non-medical influences. It does not use the nija-āgantu terminology, and the disorders denoted by the latter term in Car are covered in a separate chapter (Su 6.60) on affliction by non-humans (amanuṣa-upasarga). Symptoms caused by the various demons (graha) are presented ad hoc with no attempt to incorporate them into a more comprehensive theory of unmāda. While there are similarities with Car in most of the descriptions of the types of 'possession,' there are also significant variations in the identification of "types" and the symptoms they produce. On the other hand, there are also passages in Car and Su that could be paraphrasing one or the other.[13] Su 6.60.21 seems seems to refer to a concept of bhūta akin to Car 2.7.19-23,

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[13] E.g. Su 6.60.19 and Car 6.9.18; also cf. in Su 6.62.10 yoṣid-vivikta-rati and in Car 6.9.14 narī-vivikta-priyatā (he is fond of his wife and seclusion).

which is then immediately rationalized into the mainstream of Suśruta's more traditional (i.e. non-medical) posture on this subject (Su 6.60.22ff.). The occurrence of bhūta in Su 6.60, as in this passage, is rare; the synonymous term graha is preferred.

BhS 2.7.g-h refers to cintā (anxiety) resulting from the loss of wealth or the death of a loved one in a discussion of unmāda caused by a doṣa disorder, but for Bhela it seems to cause the doṣa disorder and is not a separate category. In Su 6.62.4,12 Su goes a step farther, considering unmāda caused by suffering (duḥkha) a separate type, apparently independent of the doṣas since those types are listed separately. It is possible, however, that the "suffering" type was also regarded as a particular kind of doṣa disorder based on etiology, the result of psychogenic rather than dietary and behavioral factors. At any rate, this classification schema may have been Suśruta's attempt to preserve Caraka's five categories (i.e. 4 nija and 1 āgantu) after the "demonic" (i.e. perhaps a subsequent formulation of āgantu) type had been relegated to a separate chapter. A sixth category, resulting from a toxic agent (viṣa) and producing a less severe condition (mada) is mentioned seemingly as an afterthought (6.62.5,13).

Su may have originally existed as a composition of 120 chapters in 5 books, and the commentators suggest that a revisor added a sixth book, Uttaratantra. Internal references in the first five to this last book, however, suggest that if it

was indeed the result of such a revision, parts of the first five had also been revised as well (see Su 1.3.3; Meulenbeld:431). Ḍalhaṇa identifies a Nāgārjuna as the revisor (pratisaṃskartṛ) in his gloss of Su 1.1.1. Nevertheless, conclusions on the identification of the redactor and the relationship of original and revised portions of the redaction remain tenuous, and Jolly's recognition of the difficulty of the textual-critical problems is no less salient today than at the turn of the last century.

Like Car and AS, the text is a mixture of prose and verse. In Su 6.62 on unmāda, the most elaborate verse forms (vasantatilakā) are employed to describe the various types of unmāda, very likely to facilitate memorization and thus conforming to Filliozat's criterion of heuristic versification noted in the discussion of Car above.

The oldest commentary is the Bṛhal-laghu Pañjikā of Jaiyyata (also known as Jejjaṭa) which is cited by later commentators but is not extant. Cakrapāṇidatta's commentary on Suśruta is called Bhānumati and survives in part. The most significant commentary is the Nibandha Saṃgraha by Ḍalhaṇa, which has been preserved and printed in modern editions. His work is dated at circa 1200 AD (Meulenbeld:409).

Aṣṭāṅgahṛdaya Saṃhitā (AHr) and Aṣṭāṅga Saṃgraha (AS)

While both these works are ascribed to Vāgbhaṭa, commentators usually refer to the author of AS as Vṛddha Vāgbhaṭa. AHr is composed entirely in verse, containing 120 chapters in 6 books, including Uttarasthāna, and it follows the arrangement of Su. AS is in prose and verse, but also in 6 books with Uttarasthāna. The content of both, however, is much more in accord with Car, and where each topic in Car is introduced with obeisance to Ātreya and in Su to Dhanvantari, AHr and AS refer to Ātreya and the other great seers (Ātreyādayo maharṣayaḥ).

Meulenbeld has summarized the evidence for assigning the date of composition at 600 AD, citing the reference of I-Tsing and other factors. Prior to the argument advanced by Hilgenberg and Kirfel (1941) in the introduction to their German translation of AHr, it was believed that AS was the earlier text.[14] AS repeats many passages from AHr verbatim or closely paraphrased, but also with much additional material from Car, Su, and perhaps other sources or original material. It is currently believed that AS evolved over some time from AHr, and the existence of an intermediate text between the two, viz. Madhyavāgbhaṭa, may be taken for evidence that at least one grew out of the other. The

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14 E.g. Jolly:11-13. For a review of the arguments offered over the years on the relative dates of AHr and AS, see the introduction to Claus Vogel, Vāgbhaṭa's Aṣṭāṅgahṛdaya Saṃhitā, Pp.1-8, 1965.

differentiation of the two must have been completed by the time of Indu--whose date is tautologously problematic, i.e. after AHr and no later than 10th century (Vogel:15)--since he wrote commentaries on both AHr and AS (Meulenbeld:425).

Like Su, the AHr and AS separate chapters on unmāda (AHr 6.6; AS 6.9) and affliction by exocentric beings, but the term bhūta is used consistently for the latter as in Car. Going a step farther than Su, both texts have differentiated chapters on identifying the bhūtas (AHr 6.4; AS 6.7) and treating such conditions (AHr 6.5; AS 6.8). The etiology of the bhūta disorder is discussed with reference to prajñā-aparādha and subsequent amoral and deviant behaviors (AHr 6.4.4-8; AS 6.7.5-7). The clinical description for each bhūta type may either follow Su[15] or Car,[16] points of agreement between the two, or else sources traceable to neither.[17] As we have indicated, it is probable that the

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15 Cf. inclusion of serpent demon: Uraga in AHr 6.4.20-22 and AS 6.7.21, and Bhujaṅgama in Su 6.60.13, but not in Car; also the interogative, kasmai kiṃ dadāmi-iti vādinam (one who says, "What shall I give to whom?") in the characterization of Yakṣa type in both AHr 6.4.23 and Su 6.60.11.

16 Cf. description of Brahmarākṣasa type in AHr 6.4.24-26, AS 6.7.12,24, and Car 6.9.20.7,21.6, but not in Su.

17 AHr 6.5.34-35 and AS 6.7.26 on Preta, AHr 6.4.36 and AS 6.7.27 on Kūṣmāṇḍa etc. not in Car or Su.

influences of non-medical, traditional factors are responsible for the increased emphasis (e.g. separate chapters) and the more extensive elaboration of an increased number of bhūta types.

AHr 6.6.1 and AS 6.9.2 list 6 types of unmāda after the fashion of Su 6.62.4-5, with reference to an etiologic mechanism (AHr 6.6.2-5, AS 6.9.3-5) like that of Car 2.7.4.[18] The outline of AHr, Car, and Su is similar for the rest of the chapter, containing clinical descriptions of the types of unmāda and various therapeutic procedures and preparations. Car 6.9, AHr 6.6, and AS 6.9 all conclude by quoting the same two ślokas, which are maxims on avoiding

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18 AHr 6.6.6 and AS 6.9.7 propose the metaphor comparing an insane person to a chariot without a driver, which is suggestive of the present-day psychoanalytic formulation of many mental disorders as some inadequacy of the ego, this in light of Freud's metaphor comparing the ego to a horseman and the id to the horse. Freud remarked with reference to the neurotic condition, "too often there arises between the ego and the id the not precisely ideal situation of the rider being obliged to guide the horse along the path by which it itself wants to go" (Freud, New Introductory Lectures on Psychoanalysis [NY: Norton paper, 1965], P.77; see also Freud, The Question of Lay Analysis [NY: Norton paper, 1969], P.26). It is reasonable to extrapolate to a psychotic condition in which the rider has "fallen" as in this AHr passage. Note also that this metaphor also occurs in the Indian psycho-philosophical speculations with reference to the normal condition. See Kaṭha Upaniṣad 1.3.3-6; Jātaka 6.242; Maitri Upaniṣad 4.4. S. Radhakrishnan applies this analogy to the objectives of Yoga, noting the verbal root yuj, from which yoga is derived, 'to yoke' or 'harness,' and referring to the need for the higher intellectual functions (buddhi) to 'yoke' the baser senses (indriya) by means of Yoga practice (S. Radhakrishnan, The Principal Upaniṣads, Pp. 623-4).

unmāda and a characterization of the successfully treated condition.

AS 6.7, on distinguishing the bhūtas, contains much of the same material as AHr 6.4. There is much additional material supplementing this, however. Although AS cites 18 classes of bhūta (AS 6.7.2), the same number as AHr 6.4.3, additional subclasses are discussed under Yakṣa, Rākṣasa, and Piśāca, making the actual number much larger. This is apparently a means of expanding the number of bhūta classes while preserving "18" as a significant number. Although there are passages distinctly reminiscent of Su (Cf. AS 6.7.2(end)-3 and Su 6.60.22), the paraphrase of Car 2.7.12,14; 6.9.21 in AS 6.7.9-13 etc. is most striking (see translations in Appendix). The same can be said for AS 6.9 on unmāda (e.g. AS 6.9.5 and Car 2.7.6 etc.), which reproduces verbatim much of AHr 6.6 and also paraphrases therapeutic preparations from Car 6.9. Thus, while material from both Su and Car is represented--even quoted (Jolly:12)--these chapters are by and large more dependent upon Su for their organizational outline and upon Car for their formulation of theoretical concepts.

Although it is now readily apparent from the infusion of data on the bhūtas and the synthesis of material from earlier sources that AS is conceptually later and eclectic, it is instructive to note the stylistic parallels between Car and AS, each of which in their own way drew upon earlier metrical compositions (Agniveśa Tantra and AHr) and became

expanded works of prose and verse in their own right. They both synthesize material from a later date than the sources upon which they are based.

The AHr has been a very popular text in India, and it also received notoriety in Persia and was translated into Tibetan by virtue of its Buddhistic tendencies (Vogel: 18). Vogel lists no less than 33 commentaries (P.11). The most significant of these include the Sarvāṅgasundarī of Aruṇadatta, composed prior to the 12th century; the Āyurvedarasāyana by Hemādri from the second half of the 13th century, and the Śaṣilekha by Indu, no later than the 10th century. The AS on the other hand has not been a popular work, neither in its homeland nor among Western scholars. Despite Jolly's enthusiasm at the turn of the century for the value of AS as a source for scholarly study, there have been no translations into Western languages.

> AS contains much independent material and is, therefore, of the greatest value for verifying as well as for supplementing our Caraka and Suśruta (Jolly 1951:12).

There are only three commentaries on AS, including one by Indu also titled Śaṣilekha, which repeats his gloss on AHr wherever AS incorporates passages from that work. Another commentary by Aruṇadatta, also a commentator on AHr, is no longer extant.

Mādhava Nidāna (MN)

The MN is a composition of Mādhava, also known as Mādhavakara, and the treatise itself is also known by the names Rogaviniścaya, Rugviniścaya, and Gadaviniścaya. As the title indicates, it is a work on pathology (nidāna), and its principal feature was its original ordering of the causes, symptoms, and complications of important diseases, which was followed in later works on therapeutics by such authors as Vṛnda, Vaṅgasena, and Bhāvamiśra etc. Jolly observed:

> Mādhavanidāna is often literally identical with Car and Su and in this case the borrowing has to be taken for granted; but his system, enumeration, and description of diseases mark an advance on Car and Su (Jolly 1951:12).

Unlike the earlier works, MN deals extensively with smallpox in a separate chapter. On the topic of unmāda, however, MN 20 is composed entirely of quotes from Car and Su, with the (possible) exception of a single half-śloka (MN 20.30).

The date of MN has been fixed at circa 700 AD on the basis of references in the Siddhayoga by Vṛnda (800-900 AD) and references in Arabian sources (Meulenbeld:19-21). MN has been a very popular work in India, and Meulenbeld lists 13 commentaries. The most important of these is the Madhukośa which was composed near the turn of the 12th century. Meulenbeld has translated most of this commentary accompanying the first 10 chapters of MN in his translation of MN, and as such it is one of the few Sanskrit medical

commentaries rendered into a Western language.[19] The first part of Madhukośa was written by Vijayarakṣita, and it was completed by his student Śrīkaṇṭhadatta. The latter may have taken up the work upon the death of his teacher. Vācaspati wrote another commentary of note entitled Ātaṅkadarpaṇa, possibly in the first half of the 13th century (Meulenbeld: 26-7).

Śārṅgadhara Saṃhitā (ŚS)

ŚS is a later work, and as was observed by U.C. Dutt, it was the first to include details on the calcination of metals, including gold, silver, iron, mercury, copper, tin, and lead, and the preparation of various metallic preparations for internal use (U.C. Dutt, The Materia Medica of the Hindus, P.xiv, 1900). The text also prescribes opium and deals extensively with the diagnostic use of pulse feeling (nāḍiparīkṣā). It recognizes a greater number of diagnostic categories than MN or the other works discussed thus far, and it has been a popular text in India. There are difficulties in determining its date, which has been estimated

19 Explaining the reasons for choosing to translate Madhukośa, Meulenbeld wrote, "The almost complete translation of a commentary on a Sanskrit medical text hardly needs justification, because the only specimen available so far is the abbreviated rendering of the first part of Candraṭa's commentary on Tisaṭa's Cikitsākalikā (Jolly, ZDMG 60:413-68, 1906)" (P.2). N.B. also the first volume of a new translation of Car, still in progress, with extracts of Cakrapāṇidatta's commentary: Agniveśa's Caraka Saṃhitā: Text with English Translation and Critical Exposition Based on Cakrapanidatta's Āyurvedadīpika by Ram Karan Sharma & Bhagawan Dash (Varanasi: Chowkhamba), vol.1-, 1976-.

as falling between the 11th and 13th centuries, the latter figure being more generally accepted (Meulenbeld:428-9). There are several commentaries, the principal being *Śataślokī* by Vopadeva from the latter part of the 13th century.

ŚS does not treat the subject of *unmāda* in depth beyond an enumeration of the various types. He lists the six categories of *unmāda* first enunciated in Su 6.62.4-5 and adds that there are 20 classes of *bhūta* that may cause *unmāda*, an allusion to Car's connection of the two lacking in the intermediate texts, viz. Su, AHr, AS, and MN--though all of these texts had maintained some relationship between *unmāda*, the *bhūta* disorders, and *apasmāra* (convulsive epilepsy), manifest by a common body of therapeutics etc. for the three.[20] Interestingly enough, the term "Bhūta" appears as a specific class among the generic *bhūta* types, showing that by this time the usage of the term had shifted its reference from the generic to a particular class of demon. Perhaps the text sought to retain the generic use of *bhūta* to conform with the earlier ayurvedic usage in Car et al. while at the same time seeking to recognize the vernacular view. The increase in the number of demonic classes over those cited by Vāgbhaṭa also illustrates the increasing effects of non-medical influences impinging upon the medical concept of mental disorder.

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20 See P.155n. below.

IV. UNMĀDA: EXPOSITION AND ANALYSIS

Inasmuch as Car's psychiatric nosology is more comprehensive than that of the other ayurvedic texts, we have used it as our basic source. Two basic categories of unmāda, severe mental disorder, are distinguished; the first is called nija, endogenous, and the second āgantu, exogenous. The other ayurvedic texts, as we have pointed out in our discussion of the sources, deal with the substance of the latter topic in separate chapters on the affliction of the bhūtas, i.e. classes of mythologically conceived beings. A close relationship between these disorders and unmāda however is none the less implicit.

Nija-unmāda is held to result from a pathogenic imbalance of one or more of the three bodily elements, called dhātu in the healthy state and doṣa when disordered, viz. vāta (wind--also vāyu or anila), pitta (bile), and kapha (phlegm--also śleṣma). Āgantu-unmāda refers to a group of episodic disturbances associated with various classes of mythologically conceived beings (bhūta or graha etc.) specifiable on the basis of the patient's symptoms. There are eight bhūta subtypes in Car's nosology, including Deva, Guru et al., Pitṛ, Gandharva, Yakṣa, Rākṣasa, Brahmarākṣasa, and Piśāca. In Su eight are also listed, but in some cases not the same eight, and in AHr, AS, and ŚS a larger number are discussed but the basic concepts remain intact. Here we must note that while Āyurveda (and other traditional medical

systems, e.g. *unani*, *siddha* etc.) remain prevalent in India and South Asia generally to the present day, our study is based on the classical sources, and there are discontinuities between these and current practice.[1]

In this paper which is focused on biomedical and neurophysiological considerations--though none the less cognizant of the interdependent role of psychological, social, and cultural determinants (Engel 1977; Siegler 1974/ Wallace 1970; 1972)--I will outline the characteristic symptoms of the various subtypes of *nija-* and *āgantu-unmāda* and discuss the Western diagnostic correlates deemed most probable on the basis of congruent clinical patterns and epidemiological factors. At the outset, however, it must be noted that in the absence of supporting laboratory and clinical verifications, a problem necessarily endemic to a medical study based on historical sources such as this, identifications must to some degree remain speculative. Nevertheless, an emergence of meaningful patterns in the context of the indigenous medical system which are both consistent with environmental and cultural parameters and supportable by present-day epidemiological findings lends credence to the conclusions. On the other hand, we recognize that while we have excerpted

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1 With regard to Western scholarship on the latter, see Paul Wirz 1954; S.A. Freed & R.A. Freed 1964; Morris G. Carstairs 1967; M.G. Carstairs & R.L. Kapur 1976; W. Crooke 1912; Richard Lannoy 1971; Carles Leslie 1969; and L. Minturn & J.T. Hitchcock 1966. From the perspective of an indigenous, present-day practitioner, see Shiv Sharma 1971, 1975. See also P.2 above.

conspicuous features of the traditional and current categories, ambiguities in the conception and clinical utility of both systems have been de-emphasized; and the implications of one-to-one correspondences between categories of the two nosologies may seem exaggerated here by our focus on points of similarity in dissimilar systems (see Pp.4-5). In most cases, however, we are not saying that a given ayurvedic diagnostic category, "a", is equivalent to a present-day allopathic diagnostic category, "b", but that certain conditions currently designated "b", "c", "d", etc. were probably diagnosed "a" by the classical ayurvedic practitioner, which we deduce from the description of "a" in the texts. Thus, instead of a one-to-one correspondence, we more often must content ourselves with the less definite one-to-two, three, four etc. relationship.

In so translating a diagnostic category from one system to the other, we have assumed an epidemiologic continuity suggesting that currently prevalent conditions may also have been significant during the period under study. This assumption is implicit in our very concept of the so-called "traditional" society.

Complex differential diagnoses requiring sophisticated laboratory technology would not have been relevant; e.g. cerebral malaria vs. OBS with other systemic infection, pellagra vs. Hartnup disease, etc. Different premises and diagnostic criteria--i.e. <u>doṣa</u> disorders and aberrant modes of behavior associated with the <u>bhūtas</u> on the one hand and

germs, neurophysiologic and bio-chemical metabolism, and aberrant psycho-social development on the other--may also be responsible for a failure to differentiate in one system categories that are regarded as very different in the other. This works both ways. While Āyurveda may not have distinguished OBS with hepatitis vs. cerebral malaria, established diseases or diagnostic categories of the present day, such as malaria or paranoid schizophrenia, may have been diagnosed under several unrelated ayurvedic categories depending upon what aspect of the malady was prominent.

In a general description of unmāda at the beginning of Car 6.9, Ātreya Punarvasu--a patriarch in the tradition of Car and teacher of Agniveśa who composed the text that was reconstructed (pratisaṃskṛta) by Caraka--admits two fundamental causes (Car 6.9.4): (1) prohibited, spoiled, and unclean foods (viruddha-duṣṭa-aśuci-bhojāni) and (2) the attack of gods, sages, and Brahmans (pradharṣaṇaṃ deva-guru-dvijāṇām). Two predisposing factors are also said to facilitate the onset of unmāda: (1) terror and exhilaration of the stricken mind (bhaya-harṣa-pūrvo mano 'bhighātaḥ) and (2) aberrant (mental) actions (viṣamāś ca ceṣṭāḥ). In a step by step description of the etiologic sequence, toxic impurities (mala) are said to find their way to the heart (hṛdaya), which is the locus of the intellectual-judgmental faculty (buddhi). As a result, memory (smṛti) and buddhi are impaired (Car 6.9.7. The toxic metabolites, viz. doṣas, then travel to the perceptual-

cognitive faculty (manas) and cause confused thinking (Car 6.9.5) and unmāda. General symptoms include anxiety, confusion, intellectual impairment, hallucinations, clouded consciousness, visual disturbances, loss of confidence, and indiscriminate speech (Car 6.9.4-6).

The accounts in Car 2.7 and the other texts are essentially similar to Car 6.9. BhS 2.8.3-n has a more extensive elaboration of the psychological functions involved in the etiology, and BhS 6.8.o-c' provides details on the distinction of mada and unmāda not found in the other texts. Car 2.7 provides more detail on the types of people who are most susceptible and the prodromal characteristics of the disorder, and AS 6.9 paraphrases portions of this discussion. Su 6.62.3-7 has very little on these etiologic preliminaries, and what is said may in fact be a short summary of BhS 6.8, Car 2.7, and/or the Agniveśa Tantra on which Car is based (Cf. Su 6.62.7 and Car 2.7.6(13).). These passages in Su as well as AHr 6.6.1-6 and AS 6.9.2-7 (which obviously draw from both Car 2.7 and AHr 6.6) are all consistent with the explanation of etiology in Car and BhS. They each state that the doṣas first collect in the heart (hṛdaya), locus of buddhi, and then enter the vessels leading toward the manas.[2] BhS 6.8.n-o is unique in stating that the onset of unmāda occurs when the doṣas reach manas--rather than

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2 manovahāni srotāṃsi āvṛtya or synonymous terms in BhS 6.8.n-o; Car 2.7.4;6.9.5; Su 6.62.3; AHr 6.6.5; AS 6.9.4.

turning towards manas--and its explicit statement that manas is located in the cranium, "between the top of the head and the palate" (BhS 6.8.2). Although Dasgupta (1932:340-1) believes that Bhela was unique in all of Indian literature in placing the locus of manas in the head instead of the heart, the consistency of these accounts in the early ayurvedic texts suggests that they were all at least based on such an anatomical premise.

All of these texts just cited have elaborated upon this basic thoery, maintaining an emphasis on dietary factors for the endogenous types (nija-) and citing the foods that provoke the doṣa associated with each subtype. Specific causitive factors and clinical patterns are also provided for each, usually in verse (all but Car 6.9 and AS 6.9) to facilitate memorization. In Car 6.9 and BhS 6.8 details on therapeutics--including instructions for bringing the patient to his senses by terrifying him prescriptions for various preparations of ghee--follow a discussion of āgantu-unmāda. Su (6.60), AHr (6.4-5), and AS (6.7-8) deal with Car's āgantu- type in separate chapters on demonic (bhūta, graha, or amanuṣa) afflictions.

Both nija- and āgantu-unmāda are characterized by disordered intellect, cognition, and memory. The afflicted individual seems to have some awareness of these defects, and there is also restlessness, anxiety, depressive affect, or loss of affect (Car 6.9.6-8).

Āgantu-unmāda is distinguished from nija- by its lack of

physiologic (i.e. doṣa) etiology and the de-emphasis of somatic symptoms. The āgantu- patient is generally aggressive towards authorities, sadistic, and disaffected or alternatively hyperethical and religious. There is a deterioration of physical qualities such as complexion, strength, good looks etc., and there are persecutory dreams (Car 2.7.11). In Car 6.9 this disorder is attributed solely to a result of violated vows and promises or else previously committed deeds (Car 6.9.16), but in Car 2.7 and elsewhere (Car 2.7.10; AHr 6.4.4; AS 6.7.5) a more subtle psychological factor, viz. culpable insight (prajñā-aparādha), is considered the root cause. In a more general discussion of etiologic factors, Car 4.1.102 recognizes prajñā-aparādha as the source of all the doṣa disorders as well.[3] AS 6.7 paraphrases many of the details in Car 2.7 outlining specific, generally stressful occasions when the individual is most susceptible to a bhūta (Car 2.7.14 and AS 6.7.9) and the specific mode of onset associated with a particular bhūta (Car 2.7.12 and AS 6.7.10). The other texts provide less detail on the former and nothing on the latter point.

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3 dhī-dhṛti-smṛti-vibhraṣṭaḥ karma yat kurute 'śubham/
prajñā-aparādham taṃ vidyāt sarva-doṣa-prakopaṇam//
One who commits an impure deed, having been deprived
of concentration, resolve, and memory--
One should know him to have culpable insight,
which arouses all the doṣas. (Car 4.1.102)

The definitive aspects of <u>āgantu-unmāda</u> are uncontrolled episodes and dramatic aberations of motor and sensory functioning, strength, courage, prowess and the like (Car 6.9.17). Su 6.60.3,5 implies that the wounded individual is especially vulnerable to the <u>graha</u>, which manifest their presence through mystical traits and the other characteristics just mentioned (Su 6.60.4). Su 6.60.20 notes that the personality of a particular afflicted individual is an admixture of the various pure types associated with the demons, and that a particular admixture is dependent upon the individual's premorbid character. Su 6.60.32 indicates that the condition is not chronic, and the individual was known to experience periods when he was symptom-free. During such times certain sacrificial offerings were suggested to prevent further episodes.

Three basic objectives are associated with this disturbed mental condition: injury, pleasure, and religiosity. The first type may be incurable in suicidal and homocidal tendencies are pronounced. Self-mutilation, glagellation, walking into fire etc. are specifically mentioned as indicators of a poor prognosis (Car 2.7.15). Such an individual is frequently mumbling, thirsty, foul smelling, and poorly complected (Car 6.9.22). The other two types are treatable by various ritualistic[4] and medical

[4] In a similar vein, not a century ago, J. Charcot advocated faith healing as a therapeutic measure in the treatment of hysteria as a last resort (Veith 1965:245-7).

means (Car 2.7.16;6.9.23). The former includes recitation of sacred verses (<u>mantra</u>), charms, sacrifices, vows, and pilgrimage etc. Medicinal preparations with a base of ghee are emphasized. The <u>bali</u> ritual performed in Sri Lanka, reported by Paul Wirz (1954:105-13; see below Pp.131-2), is an example of a surviving technique for scaring off afflicting demons (cf. BhS 6.8.a'-b"; Car 6.9.79-84). As already indicated, the technique of scaring the patient back to his senses had more general utility in treating <u>unmāda</u> and was not restricted to those conditions associated with demons (<u>Ibid.</u>; Su 6.62.17-21; AHr 6.6.21,47-53).

Āyurveda views the <u>nija-</u> disorders as physiologically based, and inasmuch as somatic symptoms and dietary factors are prominent in the textual account, we have been led to consider organically based psychiatric conditions in the following analysis. From Caraka's clinical remarks on <u>nija-unmāda</u> we have inferred that organic psychoses arising from malnutritional and systemic infectious etiology are the most likely of the potential Western diagnostic correlates. Present-day research and epidemiological findings for India and other tropical regions support this hypothesis (Cole 1973; Taylor 1973; Uberoi 1972).

The identification of the <u>āgantu-</u> subtypes is not so straightforward, and because of a difference in the basic approach of the two systems, a projection of the Western dichotomy which distinguishes organic and functional categories turns out to be misleading. In attempting to

analyse these disorders with reference to Western diagnostic correlates, the general characteristics of non-specific unmāda and āgantu-unmāda generally must be considered in addition with the clinical pattern of a particular subtype. The "pathological" aspect of some of them will not otherwise be apparent (e.g. Deva type).[5] The symptomatic behaviors and personality types which are presented among the āgantu- syndromes variously include hyperpiety, rebelliousness, passive-dependency, hedonism, depression, anti-social aggressiveness, and mania. They are ordered in Car along a spectrum manifesting a decreasing influence of control mechanisms and increasing impulsiveness in the personality structures, which we shall discuss from a psychoanalytic perspective. While the ability to differentiate what are still considered relevant patterns of behavior and to present them in a meaningful arrangement is a testament to the clinical and theoretical prowess of the early ayurvedic physicians, a simple identification of functional personality disorders and corresponding

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[5] It is probable that in certain non-medical contexts such behaviors would indeed not have been considered pathological, e.g. the states of devotional ecstasy discussed by Glenn Yocum (1977). The bounds of psychopathology are not easily elucidated even in our own culture by our own indigenous institutions, and this issue may also have been significant in India during the period under study. The problems of cultural specificity introduce an additional dimension of complexity for the non-indigenous observor. See Wallace 1970: 222-35 on "Culture and Mental Illness," in Culture and Personality.

psychoneuroses and psychoses would belie salient features of *āgantu-unmāda*. Consequently we have also considered the possible role of psychiatric aspects of neurologic disease.

Of the *nija-* subtypes, *vāta-unmada* (pathogenic wind psychosis) will be discussed with reference to pellagra, *pitta-unmada* (pathogenic bile psychosis) with reference to OBS with systemic infections with liver involvement, and *kapha-unmāda* (pathogenic phlegm psychosis) with reference to pernicious anemia. The syndromes included under *āgantu-unmāda* will first be reviewed and then discussed with reference to psychoanalytic implications of the indicated patterns of behavior. This will be followed by a discussion of the *āgantu-* conditions with reference to certain forms of epileptoid phenomena associated with foci in the temporal lobe and underlying structures of the limbic system, which frequently produce a variety of so-called complex partial seizures that are germane. We shall also consider the possible role of personality and behavioral effects attributable to lesions of the frontal lobe.

1. Nija-Unmāda:

Severe Mental Disorder, Endogenous Type

A. Vāta-Unmāda: Pathogenic Wind Psychosis

The four types of nija-unmāda are associated with a pathogenic presence of the three doṣas (vāta [wind], pitta [bile], and kapha [phlegm]) and their combinations respectively. In Car 6.9.9-10 vāta-unmāda is said to be caused by four factors, each in some way relevant to nutritional deficiency: (1) food that is dry, insufficient in quantity, or cold; (2) purgation; (3) decay of the bodily elements; and (4) fasting. Mental symptoms include inappropriate laughter, smiling, dancing, singing speech, movement of the limbs, and crying, which reads like a description of hebephrenic schizophrenia in a current psychiatric textbook (e.g. Kolb 1968:376-7; Freedman & Kaplan 1975:902-3; Arieti 1959:461). Somatic symptoms include reddish-brown complexion (aruṇa-varṇatā), emaciation, and ragged appearance. The disorder becomes intense after digesting food, and there is evidence that diarrhea was a significant factor. The very fact that it is classfied as vāta, i.e. pathogenic wind, is probably a literal reference to the flatus, and purgation is mentioned in the etiology.

The implication of malnutrition and the presence of the pellagra triad--viz. dermatitis, diarrhea, and dementia--strongly implicate this disease, which is known to result from deficiencies in niacin, tryptophan, and associated

thiamine and vitamin B complex. In pellagra diarrhea precedes the onset of dementia, and that may be why a causitive role for purgation was inferred. Diarrhea may also alternate with constipation; hence the prescription for mild purgatives as required (Car 6.9.25). Since blood may be passed with the stool, this may have been viewed as evidence of decaying bodily elements (dhātu-kṣaya). The individual who is prone towards anxiety (cintādi-juṣṭa) is particularly susceptible to vāta-unmāda; and, correspondingly in pellagra, insidious psychoneurotic symptoms are also recognized prodromes to the dementia. E.W. Busse writing on pellagra in Cecil--Loeb Textbook of Medicine states:

> Bloody diarrhea is frequent, with periods of diarrhea occasionally alternating with constipation ...Pellagra usually has an insidious psychic onset, and the first mental symptoms are usually regarded as psychoneurotic with depressive components. Early symptoms include weakness, anxiety, irritability, headaches, lack of energy, fatigability, dizziness, difficulty in concentration, and loss of recent memory. If the disease progresses, more serious psychiatric symptomatology becomes manifest (Busse 1971:732).

It should be noted that Hartnup disease may also have been diagnosed vāta-unmāda. Though it is a far more obscure condition that is genetically transmitted rather than the result of nutritional deficiency, it produces symptoms very similar to pellagra, both mental and somatic, suggesting a common defect (Scrimshaw 1971:1442). Both diseases involve aberrations in tryptophan metabolism (Himwich 1967: 62).

Pellagra is caused principly by deficiencies in niacin and tryptophan with associated deficiencies in thiamine and the vitamin B complex. It may either itself be the cause of hebephrenic symptoms or the bizarre eating habits frequently adopted by hebephrenics may be responsible for nutritional deficits and the secondary onset of pellagra. It was prevalent among functionally psychotic, institutionalized patients in the West before an emphasis was placed on sufficient and well-balanced diets (Kolb 1968:285). For the most part pellagra has disappeared in the West (Gruenberg 1975:398) since the introduction of niacin and thiamine enriched grains, but it is still widespread in lesser developed regions of Asia and Africa. Its present incidence in the West is usually related to nutritional deficits accompanying gastrointestinal disorders or alcoholism, just as it may also have been during the period of Caraka Saṃhitā.

Anxiety, which Car regards as predisposing, is relieved by alcohol, and there is evidence to suggest that social drinking of alcoholic beverages was not uncommon (Basham 1959:36-7,90-1,194,203-4,214-5,285-6). Car 6.9.96 (along with AHr 6.6.59 and AS 6.9.39) asserts that there can be no unmāda without alcohol, and mada, the Sanskrit term denoting alcoholic intoxication, is related to the term unmada.[1] There may have been an etiologic as well as

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[1] See also our discussion of unmāda and soma in the section

symptomatic interface. Based on internal evidence in the Car (Chattopadhyay 1973) including the therapeutic prescriptions of strong wines (e.g. Car 3.6.16,18 etc.), Gandhāra statues depicting "bacchanalian" drinking parties (Rowland 1953:84), and various passages in the Artha Śāstra regulating the production, sale, and consumption of alcohol (see Basham 1959:214-5), it appears that social drinking may have been widespread. Perhaps later taboos in India against alcoholic beverages may have been a reaction to a peak in such indulgence during this period. Even now, however, despite the religious taboos ethyl alcohol, methyl alcohol, and other toxic varieties are responsible for extensive pathology. Alcoholism may well have been a contributory factor to all three types of nija-unmāda.

Su 6.62.8; Car 2.7.7.1; AHr 6.6.7; and AS 6.9.8 are all (q.v. Pp. 228,284;207,261;236,293;247,308-9 below) essentially consistent with the description of vāta-unmāda in Car 6.9.9-10. All of these but Su, however, implicate some of the seizural conditions that will be discussed more fully in our section on the neuropsychiatric correlates of āgantu-unmāda. They mention various movements of the eyes, eyebrows, lips, shoulders,...for no reason whatsoever; saliva coming from the mouth, and traveling without arrangements (yāna-ayāna) which may be indicative of pre-ictal and ictal psychomotor seizure and post-ictal twilight states.

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on unmāda and the non-medical Sanskrit literature, "1. Unmāda and the Vedic Saṃhitās," Pp. 9-11 above.

It may be noted that the term akṣatā (Car 2.7.7; AS 6.9.8) and akṣitva (AHr 6.6.10), "unruptured swelling", has frequently been mistaken for "eye" by English and Hindi translators and commentators[2]--one example of the problems limiting the usefulness of these secondary sources.

B. Pitta-Unmāda: Pathogenic Bile Psychosis

In Car 6.9.11-12 pitta-unmāda is said to be caused in delirious persons by foods that are indigestible, bitter, sour or hot. Impatience, excitement, nudity, threatening behaviors, excessive motor activity, and a fierce temper are characteristic of the psychosis. Afflicted individuals desire dense shade, cold food and water, and have a yellowish complexion (pītā). The other ayurvedic texts are consistent with Car 6.9. Su 6.62.9 emphasizes that one is thirsty, sweaty, feverish, and afraid of fire. It cites a characteristic hallucination, viz. stars in the sky during the daytime, clearly more suggestive of a febrile deleroid state than the more grandiose visual hallucinations and the more common auditory hallucinations characteristic of functional psychosis. Car 2.7.7.2; AHr 6.6.10-11; and AS 6.9.9

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2 Caraka 1949; 1969; etc. In support of the present rendering, see Bolling (1912:v.4,P.764); also "Caland in Kauśika Sūtra 31.11 justly renders akṣata as 'nicht gebrochene (Tumor)'. The akṣata-bhaiṣajya is quite naturally the 'remedy of that which is intact', that is to say, of the non-open collection" (Filliozat 1964:106n.).

emphasize his bad temper, anger, and assaultiveness in addition to the fever. AHr also mentions two characteristic hallucinations, viz. a burning flame and blazing stars, and AS also repeats Su's hallucination and states that "He unaccountably falls down after drinking and fears that his digestive faculty is aflame."

Pitta is analogous to bile in the Greek humoural theory, and the associated hostility and bad temper of patients with pitta-unmāda corresponds directly to the "violent behavior" and even "bestial raging" (paraphrasyne theriodes) which Galen attributed to bile (Siegel 1973:191). The antisocial denotation of "bilious" survives in modern English and common metaphors of the language similarly relate anger, fear, hostility, and resentment to disturbances in the digestive tract; e.g. "belleyache" etc. used metaphorically to express displeasure (Dunbar 1947:65).

The clinical description of pitta-unmāda suggests organic brain syndrome associated with dysfunction of the liver, pancreas, or gall bladder. Jaundice may accompany hepatitis, other liver disorder, systemic infections (Downs 1971:452), pancreatitis (Kowlessar 1971:1314,5), and hemolytic anemia resulting from primary systemic infection (Marks 1970). Malaria, typhoid, yellow fever, bacterial meningitis, and the others listed above may produce the relevant somatic and psychiatric symptoms. Delirious conditions, photophobia, restlessness, and hallucinations as well as irritability progressing to assaultive behaviors are not

uncommon in these diseases (Mulder 1967:775; Kolb 1968: 172).

In an article entitled "Cerebral Malaria," P.D. Marsden et al.[3] discuss the neurologic and psychiatric aspects of malaria resulting from Plasmodium falciparum infection. Other systems are commonly affected, especially "parenchymal cell dysfunction of the liver...with jaundice and tender hepatomegaly" (P.35). Emphasizing the diversity of presenting symptoms, he states:

> The neurologic manifestations of cerebral malaria are protean, as might be expected in view of the diffuse involvement of the cerebrum. The most common manifestations are alterations in the level of consciousness. These vary from lethargy to stupor to coma, and it is not uncommon for a patient to be in coma at the time of admission to the hospital. Other neurologic manifestations include acute delirium with clouding of consciousness, disorientation, restlessness, anxiety, and hallucinations. Acute personality changes at onset have been described, and such patients may exhibit paranoia, hostility, marked delusions, and at times panic. The alterations in consciousness, personality, and awareness may be subtle and can be mistaken for alcoholism or another type of toxic psychosis. When the first sign is behaviour disturbance, personality change, or mental confusion, the danger is that the patient may be restrained in a prison cell or admitted to the hospital bed without benefit of a blood film to diagnose malaria; such a patient is often found dead the next morning (P.34).

They also note difficulties in reaching definite diagnosis solely on the basis of clinical observation without pathologic evidence that in practice may be impossible to obtain. With similar symptomatology, a study of postmortem

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[3] Ch. 3 in R.W. Hornabrook (ed.), Topics on Tropical Neurology (Phila: F.A. Davis, v.12 of Contemporary Neurology Series, 1975), Pp.29-44.

periorbital brain biopsies distinguished cases of viral encephalitis, tuberculous meningitis, trypanosomiasis, and in some cases normal tissue from cerebral malaria (P.35).

Ebaugh & Tiffany (1959) has also noted the generality of such mental conditions:

> "delirium" is a symptom complex and not a disease entity. One should not have the mistaken idea that each separate cause gives rise to a different psychiatric picture. Whatever the cause of the delirium, the clinical features are essentially as have been described above (P.1233).

And M.R. Muhangi (1975) also addressed the problem of differential diagnosis:

> the underlying organic state may not be as clear cut as typhoid or malaria. It is conceivable that organic factors such as chronic avitaminosis, subclinical brain damage, and chronic parasitic infestation may play an important role (P.326).

R.M. Wintrob, like Marsden et al., reported a psychiatric component of malaria relevant to pitta-unmāda:

> Our experience in Liberia is that in its less acute form the psychic effects of malaria include confusion, irritability, insomnia, and restlessness, proceeding to disorientation, agitation, combativeness, hallucinations (visual and auditory), and delusions in more severe cases. Some degree of memory impairment and alteration in level of consciousness (drowsiness, lethargy, stupor) is characteristic. In acute cases one encounters presenting symptomatology typical of delirium, paranoid states, catatonic agitation, or mania (Wintrob 1973:308).

Researchers in tropical psychiatry are also scrutinizing the diagnostic difficulties which other recent findings show have resulted in false diagnoses of functional psychoses which tend to mask psychiatric conditions

associated with malaria, typhoid and the rest (Wintrob 1973; Muhangi 1972). Wintrob noted the high incidence of positive blood smears for malaria among newly admitted psychiatric patients and that development of psychosis occurs during the febrile period. He discusses the relationship of environmental stress and attacks of malaria with paranoid psychotic features that further serve to mask the organic root. J.R. Muhangi disscusses four cases of typhoid fever in which physical disturbances were minimal or absent. The presenting symptoms were of catatonic schizophrenia, depression, hypomania, and hysteria respectively, and he considers the hypothesis that "clear cut distinctions between organic and functional symptoms cannot always be made, particularly in societies with much background organic disease" (Muhangi 1972:319). He also discusses the variety of psychopathologic responses different patients have to the same organic disease and that "in some cases the psychiatric picture is more typical of functional psychosis" (P.325). He argues further that in view of research findings relating catatonia to abnormalities in nitrogen metabolism as well as the much higher incidence of catatonia in lesser developed countries and other evidence, catatonia might not be a functional disorder, "that catatonic symptoms in schizophrenia represent an organic contamination" (Loc cit.).

A significant presence of hepatitis with jaundice in India during the period covered by the texts may have thus been due to viruses (Jeffries 1971:1377), systemic infection, or

due to a third important factor: excessive and prolonged alcoholic indulgence (Ibid.: 1398-401; Rubin 1972). AS 6.9.9 noted that the pitta-unmāda patient is likely to fall after drinking. Acute alcoholic hepatitis is currently prevalent among alcoholics (Rubin 1972), and psychiatric implications are common (Jeffries 1971:1380). Impending hepatic coma, a delirious state associated with acute hepatic insufficiency resulting from alcoholic cirrhosis of the liver, may occur. Chronic alcoholics may also experience psychotic reactions of a paranoid nature without any liver involvement. For example, delirium tremens produces restlessness, irritability, and disturbed sleep with paranoid hallucinations and delusions, but without jaundice (Thompson 1959:1214; Kolb 1968: 198). Other psychoses stemming from alcoholic overindulgence without liver involvement, such as alcoholic hallucinosis (Thompson 1959; Kolb 1968:193-210; Chafetz 1967), were probably not diagnosed in the pitta- category.

It is probable that some sort of liver dysfunction is implicated by the allusion to jaundice and digestive disorder in pitta-unmāda, whether it be caused by virus, other infection, or alcohol. The paranoid and manic quality of this subtype closely resembles present-day observations generally associated with liver disorders (Jeffries 1971: 1380; Wintrob 1973), and this relationship between liver and brain disease--though perhaps not well-understood--is firmly established in current psychiatric literature (Thompson 1959:1217).

G. Kapha-Unmāda: Pathogenic Phlegm Psychosis

In Car 6.9.13-14 kapha-unmāda is said to result from a pathological sequence beginning with a sluggishness which results from a fullness in the stomach. Confused thinking, personality deterioration, difficulty in speaking, lethargy, lack of appetite, decreased social contact, excessive sleeping, sickness with nausea and slobbering are symptomatic. Whiteness of the nails and other parts, which is generally characteristic of kapha-doṣa, is also mentioned. When the patient eats, as with the vāta- condition, the disorder is more intense, and many of the other symptoms indicate the prominence of digestive disturbance, which is explicit in Su 6.62.10 etc.

All the accounts in Car 2.7 and the other ayurvedic texts are in basic agreement, though some stress additional points. A fragment from the chapter on the pathology of unmāda on the kapha- type survives in BhS 2.7.b-e. It explains the etiologic sequence. Kapha-doṣa moves upward from the heart and occludes the vessel which normally carries thoughts (ruddhvā ceto-vahaṃ mārgam) (BhS 2.7.c). Car 2.7.7.3; Su 6.62.10; AHr 6.6.12-13; and AS 6.9.10 all mention that there is saliva and phlegm flowing from the patient's mouth, vomiting or nausea, and weak digestion. All but Car say that the disorder is more severe at night. Car 2.7.7.3 mentions a desire for inedibles (pica), and Su mentions a cough. Both AHr and AS emphasize that he is repulsive and loathes purity. AS and Car 2.7 note that he

has white, moist, foul-smelling sores on his face, and the latter says that he seeks heat.

It should be noted that the phrases: nārī-vivikta-priyatā (Car 6.9.4), yoṣid-vivikta-rati (Su 6.62.10), strī-kāmatā rahaḥ-prīti (AHr 6.6.12), and rahaḥ kāmatā strī-priyatva (AS 6.9.10)--all meaning "he loves his wife and seclusion"--have generally been taken by translators and commentators (Caraka 1949; 1969; etc.) to mean that this person had abnormally large sexual appetites and was promiscuous. The context makes it clear that the opposite is in fact the case. Car 2.7.7.3(3), Su 6.62.10 etc. mention that he seldom goes out and emphasizes his lethargy. The point is not that his passion for women generally is so great, but that he has no desire to see anyone besides his wife. Consequently, she is his only social contact.

The validity of our comparison of ayurvedic pitta and and the notion of "bilious" personality changes associated with bile in the Greeks sources is once again reflected by the relationship between kapha and "phlegmatic" personality associated with Galen's concept of phlegm (Jolly 1951:58; Siegel 1968:322-32).

A syndrome of lethargy, pallor, digestive disorder, dementia, and the other symptoms noted above is readily attributable to pernicious and related megaloblastic anemias, or even vitamin B_{12} deficiency prior to the laboratory verifiability of anemia. Such conditions are extremely widespread in tropical regions (Uberoi 1972; Woodruff 1972)

and may result from deficiencies in dietary intake or digestive malabsorption of vitamin B_{12}, folic acid, and related substances. They also arise as secondary disorders following fish-tapeworm and other parasitic infestations. Associated digestive disturbances (viz. achylia gastrica and achlorhydria) might either be secondary to primary anemia or themselves primary, causing malabsorption and secondary anemia.

Since the appearance of an article in 1960 entitled "Megaloblastic Madness" by A.D.M. Smith in the British Medical Journal, subsequent research has focused on the subtlety and unforseen significance of this condition which is especially pertinent to tropical medicine (Strachen 1965; Hart 1971; Whitehead 1972; Swallow 1973). Standard psychiatric texts have in fact recognized the relationship between psychosis and pernicious anemia (Kolb 1968:287). A study and review by R. Shulman (1972) confirmed the substantial incidence of psychopathology in pernicious anemia, reporting

> ...depression, anxiety, loss of libido, irritability, poor concentration, and impaired memory... Some psychiatric symptoms were present in 82% of the pernicious anemia patients...either mild, moderate, or severe while...psychiatric symptoms rated as moderate or severe were present in approximately one-third (Shulman 1972:206).

Dementia from B_{12} deficiency, according to Swallow (1973), can also occur prior to the detectable physiological changes of megaloblastic anemia. After finding a high incidence of B_{12} deficiency among groups of incoming mental patients in Western mental institutions, two independent

groups of researchers (Hart 1971; Whitehead 1972) have suggested all mental patients be routinely screened, since B_{12} deficiency is so responsive to treatment. Whitehead & Chohan cite cases diagnosed as paraphrenia psychosis that responded solely upon administration of vitamin B_{12}. Although there were only small numbers of these in their group of Western patients, the higher incidence of malnutrition in India suggests a larger portion of psychiatric conditions are and were related to anemia.

In the tropics the third most widely occurring form of anemia--after iron-deficiency anemia which does not produce the relevant psychiatric symptoms and pernicious anemia which does--is the group caused by infective agents, especially protozoa and helminths. Anemia may be a secondary complication in malaria, leishmanial infections, and kala-azar (Woodruff 1972). Tapeworms like the fish tapeworm produce an anemia which is similar to, or perhaps coincidental with pernicious anemia. Anemia also occurs in cases of scurvy either from the loss of blood into the skin, deeper tissues, and gastrointestinal tract, or from folic acid deficiency, since many dietary sources of ascorbic acid are also sources of folic acid. Thus a deficiency in either ascorbic acid or folic acid makes deficiency in the other more likely (Scrimshaw 1971:1446).

Although the pallor, loss of energy etc., which are characteristic of kapha-unmāda most likely indicate the presence of some form of anemia, a smaller group of patients

might have had similar symptoms with dementia from arteriosclerosis and "whiteness of the nails" etc. due to a localized ischemia in the extremities. Āyurveda traditionally associates kapha with fatty substances that are heavy, oily, and slimy (Jolly 1951:59), and this may indicate a high cholesterol diet, which is a probable factor in arteriosclerosis (Kolb 1968:249). Because the incidence of arteriosclerosis is generally restricted in the population to elderly patients, however, it must be regarded as a less likely diagnostic correlate for kapha-unmāda.

In addition to the nutritional, infectious, and parasitic factors, alcoholism may also be involved in the etiology of anemia and hence kapha-unmāda, just as we have suggested for the vāta- and pitta- conditions. The alcoholic is more susceptible to pernicious anemia and scurvy because of common secondary nutritional deficits. Alcoholics are also prone to beriberi, a vitamin B_1 deficiency rarely associated with psychiatric disorder, and Wernicke's encephalopathy, a similar condition due to thiamine and niacin deficiency that frequently produces mental symptoms and may have been diagnosed kapha-unmāda, especially when it is associated with pernicious anemia. Symptoms include slurred speech, lack of energy, loss of appetite, and loss of memory. These patients may also be irritable, restless, emotionally labile, and have disturbances in their pupillary response to light (Kolb 1968:203,4; Solomon 1967:463; Busse 1971:733). These latter symptoms suggest pitta-unmāda. Current ayurvedic practice

frequently utilizes combined subtype diagnoses,[4] e.g. kapha-unmāda-pitta-anubandha, i.e. pathogenic phlegm psychosis involving bile, which may have been the ayurvedic diagnosis for Wernicke's syndrome. There is in fact no record of such combined subtype diagnoses in the classical texts, though they may be consistent with the sannipāta-, mixed type. That category, however, seems to imply a mixture of all three doṣas (BhS 2.7.f; Car 2.7.7.4;6.9.15; Su 6.62.11; AHr 6.6.14; AS 6.9.11).

Withdrawal from alcohol may also produce anorexia, nausea, vomiting, hallucinations and delirium tremens etc. (Kolb 1968:195-6) and should also be considered. The association of unmāda and alcoholic indulgence in Car 6.9.96 (etc.) and the persisting present-day epidemiological significance of alcoholism in India (Surya 1964; Vahia 1967:87-8) suggest that it may have been an important factor in all types of unmāda.

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4 See N.C. Surya et al., "Ayurvedic Treatments in Mental Illness--A Report," All India Institute of Mental Health, Transactions, 5:28-39, 1965.

2. *Āgantu-Unmāda*

Severe Mental Disorder, Exogenous Type

A. General Features

The *āgantu-* patient is frequently disaffected, aggressive, and sadistic; or alternatively hedonistic; or else hyperethical and hyperpious. Three corresponding motives are attributed to the demonic assailants: a desire for injury, hedonistic pleasure, and religiosity (Car 2.7.15; 6.9.22-23). These may apply either singly or in combination in the various *bhūta* subtypes, and the particular *bhūta* which afflicts an individual is identifiable by the characteristic personality traits and behaviors of the patient. The definitive features of *āgantu-unmāda* are impulsive episodes of severe mental disturbance (*aniyata-unmāda-kāla*) and striking aberrations of motor and sensory functioning, strength, courage, prowess and the like (Car 2.7.13; 6.9.19). All forms are potentially violent (Car 6.9.22). Stressful circumstances likely to precipitate an attack of *unmāda* are enumerated, including the arrival at the juncture of four roads alone, dwelling in an empty house, presence at a great battle, cohabiting with a menstruating woman etc. (Car 2.7.14; AS 6.7.9).

The onset of an episode of *āgantu-unmāda* is typically marked by a specific perceptual or cognitive abnormality, including various types of hallucinations, delusions, and/or derealization phenomena associated with a particular *bhūta* (Car 2.7.12;6.9.19; AS 6.7.10). Parts of the lunar

fortnight (tithi) are also associated with specific bhūtas, although these may vary from one text to another (Cf. Car 6.9.21; Su 6.60.17-18; AHr 6.4.9-12; AS 6.7.11-15). Prodromal symptoms prior to the onset include rage; the desire to injure gods, cows, priests, and men; apathy; loss of vitality and good looks; and dreams in which one is terrified by gods etc. indicating either nightmares or, more likely, hallucinations (Car 2.7.11; AS 6.7.16).

We have already indicated the range of views embodied by the ayurvedic authors on the etiology of āgantu-unmāda in the section on "The Ayurvedic Tradition." While the earliest and most medically coherent position, that of Ātreya Punarvasu, implies that the bhūtas are merely abstract diagnostic parameters invoked to explain a disorder arising from the individual's culpable insight (prajñā-aparādha), later authors increasingly reflect the more popular, traditional view of demonic possessors who afflict humans by virtue of susceptibility arising from karman, the result of actions in a previous life (pūrva-kṛtasya) (Car 2.7.10 etc., see Pp.55-60 above).

Cures for āgantu-unmāda consist of a combination of medicinal herbal preparations on the one hand and ritualistic offerings, magical charms, and propitiations on the other (Car 2.7.16) as well as many of the same procedures outlined for the nija- type. (See also AHr 6.5; AS 6.8 on treating the bhūta condition, bhūta-pratiṣedha.) Su 6.62.33 prescribes bloodletting from the forehead, outer corner of the eye,

and chest to treat affliction by a bhūta, convulsive epilepsy (apasmāra), and unmāda.

Our analysis is based primarily on the arrangement of the bhūta types espoused in Car 6.9.20-21 with additional data drawn from the other texts. We have not attempted to include the later material on the increased number of bhūtas in AHr 6.4 and AS 6.7, independent of Car's arrangement, which relies to an even greater extent upon lore from the popular mythology (see Hopkins 1969). The ordering of the bhūtas observed by Car and the others, from Deva to Piśāca (i.e. from most divine to most demonic), is not uncommon in Sanskrit literature (Hopkins 1969:3; see also Car 4.4.37-38).

Deva (class of gods)

The Devas are generally associated with light and divinity in its highest sense, and it is somewhat unusual for them to be regarded as afflictors as they are in these chapters of the ayurvedic texts. It is not totally unprecedented, however (Atharva Veda 3.15.5; 6.111.3 etc.; Taittirīya Saṃhitā 3.5.4.1). Filliozat has commented on this "equivocal" character of gods and demons traceable to the earliest period.

> The equivocal character of gods and demons becomes a commonplace thing in India from the time of the Veda. This can be linked with the general and very important fact that in the Veda many notions have two opposite values, one favourable and the other unfavourable, as it is well attested by the Vedic vocabulary, which is extremely ambivalent (Filliozat 1964:45).

Individuals subject to Deva type unmāda are characterized in generally glowing terms, with the exception of minor foibles and personal habits that may retrospectively indicate retentive traits. They are tranquil, radiant, good smelling, have scanty excretions, and are devout in their religious practices.[1] Su 6.60.8 is consistent with this account, adding that his speech is truthful and eloquent, he is energetic and resolute, and he grants boons. AHr 6.4.13-15 adds that he blinks infrequently, which is characteristic of the gods,[2] and that he likes rocky peaks. To this AS 6.7.17 adds that he likes yogurt and milk. AS also elucidates the characteristics of several particular species of Deva and hence one possessed by them. The first of these roars like a bull with face and eyes aglow and addresses everyone with the radiant voice of Īśvara. Another has the voice of Indra, sending forth thunder, lightning, and rain. A third, Dhanada, may give and withhold fortunes, and with the last, being possessed by Varuṇa, one smells of liquor and tries to ensnare people with wood, grass, and rope.

According to Car, a Deva overwhelms an individual on the 13th and 15th part of the lunar fortnight by focusing on

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1 See the note to my translation of Car 6.9.21 in the Appendix regarding the ambiguity of caukṣācāra, meaning "pure behavior" or possibly sexually promiscuous "behavior like a bull".

2 Cf. the characteristically unblinking gods, one of their traits enabling Damayantī to recognize them at her svayaṃvara, related in the Nala story of the Maha Bhārata.

his pecadillos, the 15th only, i.e. full moon, according to Su. AHr 6.4.9 cites the 1st and 13th part of the bright lunar fortnight, and AS 6.7.11 mentions the 1st, 13th, and 14th part of the bright fortnight and the full moon day, characteristically manifesting its synthesizing tendencies.

At the onset of unmāda the Devas cause one to see, possibly indicating a paranoid delusion or hallucination, or perhaps an autoscopic hallucination (avalokayanto devā janayanty unmādam).

At first glance the characterization of such a person in a discussion of psychopathology is remarkable. We must therefore keep in mind that other general symptoms of āgantu-unmāda must also have been present. Perhaps this personality pattern was an episodic occurrence alternating with other deviant behaviors or perhaps it was so unnaturally intense as to have been considered such an aberration from the individual's normal personality or the culturally acceptable norm as to be symptomatic of a pathological condition. Many of these traits are included in the description of Brahmic personality type (Car 4.4.37), where it is considered desirable rather than symptomatic.

Guru-Vṛddha-Siddha-Ṛṣi (Teachers, Elders, Accomplished Ones, and Seers)

Guru et al.--all extra-familial, cultural authority figures--

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3 The lunar fortnight is traditionally divided into 15 parts (tithi), see A.L. Basham 1959:492.

are said to impose the influence of their persecutory desires, curses, and spells upon the behavior, diet, and speech of the afflicted one. Such an individual is knowledgeable with regard to religious practices, but he is apparently not entirely successful in submitting to the will of his preceptors and other respected figures, and this failing--however slight--is sufficient to provoke their wrath (see also Car 3.3.23). This category is not discussed by Su. According to AHr 6.4.43 and AS 6.7.32, the character of the individual takes on the attributes of the particular afflictor. AS 6.7.15, stating that Guru et al. are associated with the 6th and 9th lunar part, is a paraphrase of Car 6.9.21.2. The onset is by curse of Guru et al., indicating persecutory, auditory hallucinations.

In both AHr and AS this category seems to be tacked on at the end of the enumeration, which is anomalous insofar as as the above mentioned ordering from divine to demonic classes is otherwise observed, and Guru et al. ranks second only to Deva with regard to the former. Su's arrangement, also consistent with that precept, seems to have been the original model for AHr and AS, which have subsequently elaborated upon both the number of bhūta types and the substance of their descriptions, utilizing input from Car and other, probably non-medical sources. We shall also suggest the possibility of a relationship, perhaps prior to the cognizance of the redactors, between the syndrome termed Guru et al. in Car and that which holds the corresponding second

position in Su's arrangement. After Deva Su 6.60.9 discusses Deva Śatru ('enemy of the god', also referred to as Asura), AHr 6.4.16-17 discusses the analogous Daitya (also referred to as Dānava), and AS 6.7.19 discusses Asura. These are all much baser characters than the victim of the Guru et al., sharing a potentially similar, though much more pronounced, challange to authority. Su says he is sweaty, speaks ill of priests, teachers, and gods, and will take a bad turn wherever possible. In AHr and AS the disrespect and defiance are progressively more intense. AHr says this person hates teachers and priests, is fearless and headstrong, resolute and wrathful, and eats meat and drinks liquor. He also claims to be various gods, e.g. Skanda, Viśākha, and Indra. AS adds to this that he bursts out laughing and may attack with teeth and nails. The contamination of his original state of purity implied in Car for Guru et al. is lacking in AHr and AS. The claim to be various gods, however, may represent a grandiose paranoid delusion resulting from such conflicts in the original Guru et al. type. The addition of a paraphrase of Car to AHr and AS on Guru et al. indicates that if the Asura type was an outgrowth and intensification of the Guru et al. tendencies in Su, by the time of AHr and AS that relationship between the two had become obscure.

<u>Pitṛ (the class of Fathers)</u>

The Pitṛs are associated with a dull and undiscerning character whose speech may be hostile and aggressive. Pica and digestive disorder are also noted. He is characteristic-

ally overly dependent upon parents, teachers, elders etc., which complements his passivity. The onset of unmāda is associated with a visual hallucinatory experience; i.e. the Pitṛs make him see.

Pitṛs as a class denotes the common pool of deceased ancestors and societal patriarchs as well as the individual's own patrilineal ancestry. Pitṛs are routinely propitiated by Hindus through the performance of the śrāddha rites, in which water and rice balls (piṇḍa) are offered to three generations of deceased paternal and maternal forefathers at designated times in order to provide them with required nutriments.

The characterization of the Pitṛ type is slightly different in Su 6.60.12 from Car. This difference in emphasis is also manifest in the variance of the associated lunar parts, viz. the 10th and new moon day in Car and any time during the bright fortnight in Su. Su emphasizes his quietude and devotion to the ancestral food offerings, but this person is also desirous of meat, treacle, and pāyasa (milk-sugar-rice preparation). AHr aggrees with the lunar parts mentioned in Car, and AHr 6.4.41-42 re-affirms the depressive traits in Car only intimated in Su. AHr says he is troubled, depressed, has dry palate, is sleepy, and his speech falters. He desires the foods mentioned by Su. AS 6.7.15 also paraphrases Car 6.9.21 and refers to the 1st and 10th lunar parts. AS 6.7.31, however, gives a more comprehensive account and mentions all the above traits and further

emphasizes the depressive features. The synthesis from prior sources is apparent and even incongruous: As in Car, he is said to have poor appetite and a digestive problem, but as in Su, he is also said to be hungry for sesamum, treacle, and pāyasa.

Gandharva (class of Celestial Musicians)

The Gandharva in an earlier period was the guardian of soma and with their consorts, the Apsarases, they were associated with the moon, gambling, and unmāda in the veda saṃhitās and with a class of celestial musicians at a later period. In the early ayurvedic texts the Gandharvas are said to afflict a person depicted as a hedonist. This individual is devoted to wine, women, and song; good food, pleasant fragrances, poetry, stories, and off-color jokes about certain rituals. Also specifically mentioned are instruments played with the mouth, a taste for red clothing (considered inauspicious and garrish--see Caraka 1949:vol.1,P.387), and a fondness for other men's wives.[4] Tactile hallucinations occur at the onset of Gandharva type unmāda.

A variant reading of Car emphasizes his indomitable impulsivity. Su 6.60.10 describes him in much the same sensualistic manner as Car, although the scandalous aspect of Car's hedonist is not prominent. AHr 6.4.18-19 and AS 6.7.20 are consistent with Car. AHr adds that he likes

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4 See note 2 above on the ambiguity of caukṣācāra, "pure behavior" vs. sexually promiscuous "behavior like a bull"; the latter is particularly germane here.

erotic plays. AS notes that he has few business dealings and is ever ready to poke fun at scriptural readings. As in Su, his fondness for river banks is mentioned.

Car associates Gandharva with the 12th and 14th lunar part, Su with the 8th, AHr with the 14th only, and AS--manifesting its synthesizing tendencies--mentions the 4th, 8th, 12th, and 14th.

Yakṣa (attendants of Kubera)

Yakṣa is at a transitional interface in the enumeration between bhūtas otherwise associated with a divine aspect (N.B. the messenger in Kālidāsa's Meghadūta) and those distinctly demonic. In Car the Yakṣa type is also depicted as a hedonist like the Gandharva, but with an additional depressive component. His repeated sleeping, crying, and laughing suggests a bipolar condition. They also have a fierce aspect that in some contexts nearly equates them to unquestionably demonic classes, viz. the 'hungry' Rākṣasas and Piśācas (Coomaraswamy 1971). Characteristic of Yakṣa syndrome are strength, good-looks, excessive talk, telling secrets, and disparaging hostility directed at priests and physicians. He may have red, tearful eyes and likes bathing and other sensual pleasures. At onset the individual may subjectively perceive that he is possessed, suggesting an interplay of coenesthetic hallucination and delusion.

Su 6.60.11 describes him somewhat differently, possibly emphasizing the other end of his bipolar spectrum.

According to Su, he speaks little, is serious, quick thinking, and notably generous. AHr 6.4.21-24 elaborates upon all of the traits in both Car and Su, adding that he has no time for trifling matters. AS 6.7.11 refers to the combination of sensual traits explicitly associated with Gandharva and strength, valor, and mental clarity, which are characteristic of a susceptible individual. The more comprehensive description of the afflicted one in AS 6.7.22 includes all the traits mentioned so far in the earlier texts, and the aggressive aspect is developed. He is said to be quick and arrogant, going about like a drunk. He takes advantage of women, is fond of intoxicating beverage and meat, and he is strong and intrepid, taking up sword to hunt. On the other hand, he is not prone to rage. However, AS then describes two particular species of Yakṣa, viz. Maṇivara who is enraged, aggressive, and obnoxious--contradicting the just stated disinclination to rage, and Vikaṭa who is mysterious, fond of laughter, song and dance, and who behaves like a silent ascetic among crowds.

According to Car, Yakṣa is associated with the 11th and 7th lunar part, the only case where the larger number is listed first. Su mentions no specific time, and AHr and AS mention the 7th and 11th lunar part.

Rākṣasa (class of ferocious, nocturnal demons)(Cf. Rakṣas)

An individual with Rākṣasa type unmāda exhibits blatantly disturbed, sadistic, and psychopathic tendencies. Though rejecting food and water he is very strong, and he is fond

of knives and blood, is threatening, and suffers from sleep disturbances. Onset of <u>unmāda</u> is signaled by the smell of raw flesh, an olfactory hallucination. Su 6.60 passim uses the term Rakṣas, also found in the <u>Atharva Veda</u> (6.111 etc.), with the same meaning. Su 6.60.14 is consistent with Car's description, perhaps a bit more explicit. He is said to seek the excitements of alcohol and is shameless, cruel, and powerful. He stalks the night and loathes purity. AHr 6.4.27-28 once again elaborates on all of the above. He attacks and is ferocious; he licks his lips upon seeing blood and meat and takes terrible food. AS 6.7.10.5 does not agree with Car's olfactory hallucination at the onset, instead stating that like Piśāca type, the Rākṣasa mounts the individual and makes the afflicted one carry him. AS 6.7.25 otherwise repeats the descriptions in Car, Su, and AHr, adding that he cries, laughs, sings, dances, and talks nonsense.

AS also notes four particular Rākṣasas: With Viśākha one's skin is rough and he beats the ground and cries. With Saṃgama one's voice is cracked. He clicks his tongue, cracks his joints, and constantly cleans himself. With Vidyunmālin he is especially fond of thunder and lightning. And with Virūpakṣa his skin is rough and he likes to eat raw flesh and sesamum meal.

AS 6.7.13 describes the individual who is susceptible to

Rākṣasa. This passage states that the demons seize one who enjoys discord and drinking, who is querulous, whose conversation is obnoxious, and who eats too much on the dark 9th and 11th part and at night. Apparently the regressive acts of aggression follow and are the extension of the individual's normal personality traits. In many respects, this characterization is strikingly similar to the Asura in AS, especially the reference to his propensity to attack with teeth and nails, which is typical of Rākṣasa.

For an account of the other associated lunar parts, see the discussion under Rakṣas-Piśāca.

Brahmarākṣasa (impure priest reborn as demon)

The symptoms of Brahmarākṣasa combine the hostility and aggression of Rākṣasa with the lofty pretensions of Deva type. When afflicted (Car 6.9.20), he laughs and dances, hates gods, sages, and physicians, strikes himself with sticks etc., but recites scriptures--which he rejects in the premorbid condition (Car 6.9.21). Car 6.9.20 places Brahmarākṣasa after Rākṣasa, which is anomalous because his aggression seems less severe than Rākṣasa, unless the assaults against himself, which may be mock derision, are to be taken seriously, which then has ominous prognostic implications (Car 2.7.15;6.9.22). Car 6.9.21, AHr, and AS place this type before Rākṣasa, which is expected by the otherwise apparent lesser severity of the condition. The premorbid personality type characteristically considers himself heroic or a Brahman. If he is a Brahman, he is impure. He rejects religious activity, and he

desecrates the waters of the temple. Brahmarākṣasa is not mentioned in Car 2.7.12 or AS 6.7.10, thus no particular mode of onset is indicated. AHr 6.4.24-26 repeats Car's description and adds that he makes threatening gestures, is abusive, and takes advantage of another's weakness. AS 6.7.12,24 also follows Car and AHr and describes a particular species of these, Yajñasena, who has an unnatural voice and discourses on sacred texts with grandiloquent language. He also solicits water offerings for the dead.

According to Car, this type is associated with the bright 5th lunar part and the sight of the full moon. To that AHr adds the 8th part, and to the 8th part, AS adds dawn and dusk (saṃdhyā) as well.

Piśāca (most malignant class of demons)

Piśāca type is possibly the most highly disorganized of all, and distinctly manic traits--probably manic psychosis --are prominent. This individual is said to dance, sing, laugh, and chatter, sometimes without restraint; and he is fond of stepping in rubbish heaps, grass, or stones etc. Nudity and a predilection for filth--possibly implying incontinence--are another aspect of the Piśāca syndrome, and the afflicted one runs about unable to stand still, is lachrymose, and suffers loss of memory. At the onset of unmāda, the individual feels a Piśāca has mounted his back in an attempt to ride him.

Su 6.60.5 describes him in somewhat different terms but

is essentially consistent with Car. Su reiterates that he is emaciated, obnoxious, foul-smelling, extremely agitated, and wanders about weeping. Su adds that he eats much, thrashes about a great deal, and likes deserted places. It is not uncommon for the attributes of Piśācas, Rākṣasas and Yakṣas to be interchangeable (Coomaraswamy 1971; Hopkins 1969), and Su 6.60.55 associates the fiercer Rākṣasa traits we have outlined above with Piśāca, warning the physician to approach the Piśāca victim with care, since Piśāca is always angry and may harm the patient and the physician. AHr 6.4.30-34 is consistent with Car and the former Su passage, but presents a wider spectrum of behaviors. He is described in terms that embody the bipolar Yakṣa traits, viz. fond of dancing, the Gandharvas, laughter, intoxicants, and meat, but he cries without cause and is oversensitive and easily depressed. He also is said to scratch himself with his nails, he associates unrelated things in his conversation, and he is soiled and naked. AS adds to these some traits more suggestive of the fiercer, Rākṣasa aspect. He takes pleasure in a lover, flesh, and striking out aggressively. Paranoid symptoms are included: he says he is depressed and suspicious because he is threatened.

Three particular species are described in AS that once again better define distinct aspects of the general type. With Kaśmala he laughs when he sees food, cries out discordantly, and is always afraid. With Kuśa all of his limbs

quiver now and again, and running about he frightens himself. With Nistejas he becomes enraged at the sight of a physician; he wanders and eats much; he lays down covering himself with ashes; and he obstructs a woman's path with rubble and urine.

AS 6.7.14 notes that Piśācas seize a braggart who gives false testimony, inflicting pain on another, on the 14th lunar part. Like AS 6.7.13 on Rākṣasa, this passage indicates that the personality in the pathological state is an intensification of an already unpleasant personality in the premorbid condition.

The other lunar parts associated with Piśāca will be discussed under Rakṣas-Piśāca.

Rakṣas-Pisāca (see below)

We have placed Rakṣas-Piśāca is a separate category because Car 6.9.21.7 and AS 2.7.13, which is a paraphrase of the former, describe the individual who is susceptible to both types in a single passage. AS 6.7.13-14 also describes the character of individuals susceptible to Rākṣasa and Piśāca individually, though Car does not. Car 6.9.20, however, characterizes the affliction of the two separately. The reason for distinguishing the Car 6.9.21.7 passage is that it may have been interpolated from an extraneous source. The anomalous term "Rakṣas" is used in place of "Rākṣasa", although it has not been maintained in AS. The form "Rakṣas" is common in Su and Atharva Veda, but in Caraka it is found only in Car 6.9.21.7 and not 6.9.20; 2.7.12 etc.

Also, by this point the parallel structure in the enumerations of Car 2.7.12; 6.9.20; and 6.9.21 has broken down. Two formerly distinct categories may have been combined in a hybrid description to generate the 8 <u>bhūta</u> types in Car 6.9.21.1-7, which are said to exist in Car 6.9.21.8, even though there are only 7 descriptions in Car 6.9.21. Car 2.7.12 similarly has only 7 types, with Brahmarākṣasa missing, i.e. the one type that we have noted to be in an unsupportable position in the enumeration in Car 6.9.20, but which is in the position where we should expect it in Car 6.9.21, which we believe to have been adjusted. We have also noted the discrepancy regarding the mode of onset of Rākṣasa type <u>unmāda</u> in Car 2.7.12 and the parallel passage, AS 6.7.10. And a final point: Three lunar parts, the 2nd, 3rd, and 8th are associated with Rakṣas-Piśāca in Car 6.9.21 unlike all the others in that passage which are associated with two. We would have expected either two --if indeed this were a single type--or four--if two passages had been combined, but in any event not three. Hence, this passage is incongruous on several counts, and we have consequently treated it as a separate category to distinguish it from the accounts of Rākṣasa and Piśāca separately.

The Rakṣas-Piśāca is said to overwhelm the individual who lacks clear-headedness, is slanderous, lusting after women, and deceitful, generally on the 2nd, 3rd, and 8th lunar part. We note that AS 6.7.13-14 on the kind of individual who is susceptible to Rākṣasa and Piśāca individually is consistent

with this combined type, as we have indicated, although the lunar parts which are cited in both cases are at variance. Rākṣasa is said to attack one who enjoys discord and drinking, is querulous, and whose conversation is obnoxious. Piśāca attacks a braggart or one who gives false testimony and inflicts pain on another. The emphasis in the former case is on his penchant for conflict and in the latter on self-centered behaviors. According to AHr 6.4.11, Rākṣasas and Piśācas are both associated with the 9th and 12th parts, full and new moon days, and the dark fortnight. Su 6.60.18 associates the Rakṣases with the night and Piśācas with the 14th part only. AS 6.7.13-14 associate the Rākṣasa onset with the dark 9th and 11th lunar part and at night, and the Piśāca onset with the 14th lunar part only.

Bhujaṅgama. Uraga (Serpent Demon)

Bhujaṅgama, also known as Uraga, is not discussed at all in Car. Su 6.60.13 suggests that one who is afflicted by this type sometimes writhes about on the ground like a serpent and rubs the corners of his mouth with his tongue as he moves it to and fro. He is drowsy and desirous of treacle, honey, milk, and pāyasa (milk-sugar-rice preparation). Su 6.60.18 associates the serpent with the 5th lunar part. One may note that Car, AHr and AS associate the 5th lunar part with Brahmarākṣasa, which is not discussed in Su. AHr and AS assign no times to the onset of Bhujaṅgama type. The description in AHr 6.4.20 is consistent with Su and adds that he has red eyes, is inclined to anger, has

a fixed gaze, moves with a crooked gait, and breathes heavily at night. AS 6.7.21 also has an account consistent with both Su and AHr, adding that he hisses incessantly, shakes when deprived of the sun's heat, sleeps face down, and likes caves, flowing water, and garlands.

* * *

Those bhūtas which are later additions to AHr and AS only and are not subtypes of others have not been described here. They are Preta (AHr 6.4.34-35; AS 6.7.26), Kuṣmāṇḍa (AHr 6.4.35-36; AS 6.7.27), Niṣāda (AHr 6.4.36-38), Kārdhoda (AS 6.7.28), Maukiraṇa (AHr 6.4.39; AS 6.7.29), and Vetāla (AHr 6.4.40; AS 6.7.30). These passages are all included in Appendixes Two and Three.

Some older North Indian ideas about demons, mental disorder, and rituals to deal with them have survived in Sri Lanka (Wirz 1954:107), a land where other indigenous Indian developments have been preserved (e.g. Buddhism). The multifaceted Yakṣa are known by the Sinhalese cognate Yakku. Wirz discusses the Rakṣa, whose character closely resembles the Indian version. Pretas, ghosts of the dead who may haunt their survivors, is cognate with the Sanskrit term noted above in AHr and AS, which are also mentioned in Car 4.4.38.5 in a different context. The Preta would also be prominent in a discussion of present-day Indian demons. In many respects the Sinhalese Preta takes on the fearsome and malicious qualities of the ayurvedic Rākṣasa and Piśāca. Wirz notes that as a Preta grows old, he retires to the

woods. Males have four arms and are perpetually hungry and thirsty, sometimes said to bite off parts of their own tongue. They along with the Yakku are associated with haunted houses and are prevalent. Only Pretas are associated with olfactory hallucinations of putrefaction and the putrid smell of a corpse as well as nausea after eating or choking. Nightmares and a host of other maladies are taken as clear evidence that a Preta is haunting a house. These demons inhabit not only houses, but also crossroads and graveyards (Wirz:186-7). Such places are also associated with the bhūtas in Car 2.7.14.

Wirz describes the performance of a particular kind of bali ceremony in Sri Lanka, originating in North India, for driving demons out of a possessed individual (Pp.105-13). He notes that these ceremonies are distinctly different from others in Sri Lanka undertaken for similar purposes, which is taken as evidence of their non-indigenous roots. According to current Indian practice and the dharma śāstras, the bali rite entails simply a routine offering of part of one's meal that is scattered about for the benefit of deities and creatures (Manu 3.87-95), and the terms balibhuj, balibhoja, and balibhojana (eating bali) came to be applied to crows, which are frequent recipients of the food in the Sanskrit story, folk, and epic literature. In the Sinhalese language, bali denotes a figure or picture; and for the performance of these ceremonies, an image might be molded from moist clay, sand, boiled rice, coconut leaves, banana stems etc. to

represent various spiritual beings. Sometimes the image is fashioned after a rākṣasa in order to scare another demon away. In forming the figure, there is special attention to the detail of the face and head and sometimes the upper part of the body as well. After making suitable offerings and reciting appropriate verses, these images "acquire the significance of mediums in which the deities or the Yakku are believed to manifest themselves" (Wirz:105-13). A yantra is wound around the patient's neck and arms and a particular mantra is repeated "for hours on end". Mention of bali in the ayurvedic texts may in some cases have referred to similar ritual practices rather than the diffusely directed offering commonly denoted by the current understanding of the term in India. Some passages suggest otherwise, however (e.g. Su 6.60.36-38), possibly a result of changes in the understanding of bali in various regions at various times over the period in which the texts evolved.

To conclude this section, we note that the presence of a bhūta demon was said to be determinable by observing the patient's mental acuity, speech, movements, strength, and masculinity, especially the last (AS 6.7.33). A poor prognosis is indicated for one who is followed by a crowd of children, who is naked with disheveled hair, whose mind is not functioning properly, or who has been afflicted with a demon for a long time (AHr 6.4.44; AS 6.7.34), or else one who has dull eyes and a hurried gait, who swallows his saliva, is drowsy, who falls and trembles excessively,

or one who does not recover from a fall (Su 6.60.16). A later variant of the preceding passage in MN 20.26 states that the condition is incurable after 13 years.

B. Analysis I

The bhūta types are presented in Car in an ordered sequence discussing pathognomonic symptoms (Car 6.9.20) and premorbid character traits (Car 6.9.21). The psychiatric disorders apparently range in severity from personality disorders, neuroses, and border line states to the psychoses of the present-day nosology. A particular bhūta type may have included disorders corresponding to one or more of these, since the severity of the symptoms is not always discernible. The disorders described last, however, are doubtless more severe, and the premorbid conditions correspond to personality disorders and perhaps neuroses.

From first to last, the bhūta types descend what we shall call a regressive hierarchy, which may be elucidated by referring to several salient parameters. We shall be interested in the degree of aculturation vs. self-centeredness and the shift in the individual's characteristic patterns of response. That is to say, once we have identified the primary area of conflict--viz. cultural values, sense objects, or self-centered emotions--associated with a particular bhūta type, we shall then elaborate upon the nature of that conflict. We are also interested in the degree of competence or level of psychological organization, which tends to decrease as we go down the list. The shift suggested by these parameters implies the steadily decreasing influence of internalized control mechanisms. From a psychoanalytic perspective, we note a shift from rigid, ritualistic

and withholding patterns of behavior characteristic of obsessive-compulsive traits, which are prominent in the Deva, Guru et al., and Pitṛ types, to the extremely regressed narcissism in the Rākṣasa and Piśāca types.[5]

There are essentially three categories in our so-called regressive hierarchy into which the primary focus of the conflict characteristic of a particular bhūta type might be classified; viz. cultural values, sense objects, and

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5 Although this association of an Indian cultural ideal--viz. non-pathological Deva or Brahmic type personality type, described in Car 4.4.37--with so-called anal traits might be taken by some as symptomatic evidence for a pseudo-psychiatric diagnosis of the culture at large (see Owen Berkeley-Hill, "The Anal-Erotic Factor in the Religion, Philosophy and Character of the Hindus," International Journal of Psychoanalysis, 2:306-38, 1921), recent culture and personality research has cautioned against such an approach, which views culture as the content of neurosis (Wallace 1970:223-7).

> "In incautious hands, such an approach is dangerous... use of a diagnostic label in national character evaluation expresses merely the author's hostility toward the subjects of his description. Sometimes, of course, psychiatric terms must be used to describe mental processes that occur in both sick and healthy persons as, for instance, the terms for defense mechanisms, such as 'repression,' 'sublimation,' and so forth. ...without the use of diagnostic labels, no harm is done, unless the naive reader wrongly infers psychopathology whenever a piece of psychiatric jargon is employed. But the use of diagnostic labels, such as 'paranoid,' 'psychotic,' and 'schizophrenic,' or words implying such labels, is never justified when referring to an entire society, except in cases where that society has suffered a major and identifiable trauma to which an illness, definable by the group itself as a pathological state, is a general response" (Ibid., 223-4).

We note that in the present analysis we are associating diagnostic labels not with the culture at large, but with categories of pathology in the indigenous medical system, so designated by that culture.

uncontrolled emotions. Conflicts involving the individual's relationship with cultural values comprise the first category, and there are two varieties of this, the higher being more concerned with abstract ideals and the lower with the authoritative personages who are the embodied representatives of those abstract ideals. That is to say, while the focus of conflict typifying given diagnostic types may remain at this level of cultural values, the abstract ideals become subordinated to certain interpersonal relationships, which we shall discuss. At the more abstract level, characteristic behaviors are dominated by austerities, study of canonical literature, and a significant role in the performance of important rituals. At the interpersonal level the emphasis on religious practices remains, but there is a shift from one's relationship to the abstract to one's relationship to preceptors and other respected personages of the society who embody the ideals. Furthermore, we may note a subsequent shift of the conflict focused on remote and lofty authorities to those more directly related to the individual.

In the second category, conflicts are focused on sense objects and achieving gratifications rather than cultural values. Internalized controls no longer dominate the individual as they did in the previous case, and the drives to achieve gratifications are the primary determinants of the individual's behavior, i.e. the Freudian pleasure principle or primary process functioning, explainable in psychoanalytic terms by the psychodynamics of orally fixated

narcissism.

Conflicts which fall in the third category are dominated by uncontrolled and self-centered emotions. Aggressive behaviors or complete psychological disorganization and incompetence are the result of the total inadequacy of internalized control mechanisms. Such behaviors are explainable in psychoanalytic terms with reference to the psychodynamics of severely regressed phallic narcissism. This breakdown of internalized controls is the culmination of continuous and successive weakening over the eight bhūta types. There is a corresponding decrease in acculturation and the capacity for socialized functioning and a complementary increase in self-centeredness and turning inward.

The premorbid Deva type performs austerities, engages his scriptural study, and is pure. The devas are said to attack by focusing on his minor failings (chidram avekṣya abhidharṣayanti devāḥ - Car 6.9.21.1). His affliction is not the result of an actual rejection of the cultural values, since his premorbid condition is best characterized as pious, but it is rather a perceived minor breach--real or imagined--in his affirmation of the abstract ideals to which his unmāda is attributed. If his premorbid character is "pious", then his afflicted character must be considered "hyperpious". His face is like a full blown lotus blossom, his gaze is placid, and he is unapproachable and dispassionate. He desires neither sleep nor food and has scanty perspiration, urine, and feces. His condition is less one of

devotion to the deity, but rather he has been seized by and thus has become the deity. Although this condition is considered pathological in the early ayurvedic texts, in the context of later bhakti cults it would more likely be deemed desirable.[6]

From a present-day psychiatric perspective it appears to be the tyranny of internalized controls that is responsible for his condition. The psychodynamic influence of guilt is not to be underestimated (see Freud, "Obsessive Acts and Religious Practices," (1907), CP, v.2,Pp.25-35). This factor, his preoccupation with cleanliness, purity, and rituals, his aloofness, retentive traits (e.g. scanty feces etc.), and his drive for perfection suggested by the attribution of his condition to a minor failing--taken together, these are typically obsessive-compulsive features associated with the psychoanalytic formulation of anal-retentive personality. The diagnostic manual of the American Psychiatric Association (DSM-II) describes the obsessive-compulsive personality thus: "This behavior pattern is characterized by excessive concern with conformity and adherence to standards of conscience" (P.43). Freud identified obsessional neurosis and religious practice (op cit.; see also The Future of an Illusion, SE, vol.21,Pp.3-56), and this relationship has been studied by other traditional psychoanalytic authors

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6 See note 5 to the introductory part of this section, P. 94.

(Ferenczi, "Obsessional Neurosis and Piety," 1926:450).

In the case of Guru et al. type, the premorbid character is taken up with much of the same activities as the preceding, viz. bathing, solitude, and scriptural study, but with the implication of a different level of achievement. Where the Deva type has attained the status of an accomplished one, characterized by self study and austerities etc., the Guru et al. type is one who is in the process of attaining and therefore dependent upon those who have already attained. The activities of the Deva type are guided by adherence to abstract ideals, but Guru et al. is bound in service to authoritative personages. He is dependent upon his preceptors, and it is incumbant upon him to conform to the will of the teachers, elders, accomplished ones, and seers (i.e. Guru et al.) in order to attain the desired goals. His pathological condition is in some way the result of his disrespect or other offense to preceptors and the rest.

> tathā 'bhiśāpa-prabhavasya apy adharma eva hetur bhavati/ ye lupta-dharmāno dharmād apetās te guru-vṛddha-siddha-rsi-pujyān avamatya ahitāny ācaranti/ tatas tāḥ prajā gurvādibhir abhiśaptā bhasmatām upayanti prāg-eva aneka-puruṣa-kula-vināśāya/...// (Car 3.3.23)

> And so it is actually unrighteousness that is also the cause behind a curse. Those who have violated or strayed from righteousness, having been disrespectful to teachers, elders, accomplished ones, seers, and venerable men, they come to ruin. These men are cursed by the teachers and the rest. First they are consumed and then various members of their family are destroyed. ... (Car 3.3.23).

Thus, the Guru et al. type unmāda is the manifestation of the displeasure of the preceptors et al. owing to some inadequacy on the part of the neophyte. Harsh internalized controls and guilt are once again the significant psychodynamic determinant, but unlike the previous case, the individual's conflict is focused at an interpersonal relationship instead of some failure in the service to a more impersonal ideal. The paranoid persecutory trend is prominent, and the auditory hallucinations alluded to at the onset of this condition are also common at the onset of paranoid schizophrenic episodes, with which this condition may be correlative. From a psychoanalytic perspective, paranoid traits are the manifestation of a conflict between the ego and the superego, i.e. the individual's failure to adequately come to terms with internalized control mechanisms, "the threats or punishments of the superego which the ego has tried to fight off" (Fenichel 1945:427).

The behavior of the Deva Śatru discussed in Su in place of Guru et al. after Deva type (Daitya or Dānava in AHr and Asura in AS), may correlate with a more severely regressed form of the paranoid schizophrenic psychosis. The paranoid features remain prominent, both a disdain for priests, teachers, and gods, and the grandiose identification with deities in AHr and AS. The latter seems also to have contaminated the description with Rākṣasa traits.

The conflict in the Pitṛ condition remains at an interpersonal level between the patient and authority figures, but

the nature of the conflict is somewhat different. The prominent feature of this condition is passive-dependency. The individual's preoccupation with his superiors is primarily motivated by his dependency upon them for daily functioning--note that "mother" has been included on the list--rather than his striving after the attainment of higher values and culturally bestowed status, as with the neophyte in the previous case. Where the determinative conflicts of the Guru et al. type more closely resembled the category that preceded, Deva, the concerns of Pitṛ type are less sophisticated. His religious activities are focused on required ancestral offerings (śrāddha) rather than vedic study and austerities etc. His quest is less that of a neophyte than securing day to day gratifications. This tendency towards the mundane which is reflected here is continued in the subsequent types. The depressive tendencies and hostile speech of the Pitṛ type suggest passive-aggressive maneuvers by which to secure his gratifications in light of a distasteful but unavoidable dependency, as well as a covert expression of his frustrations when these gratifications are not forthcoming. There is an implied tension between a new emphasis on sense objects--appearing for the first time in Pitṛ type--and his dependency on superiors.

In the Deva and Guru et al. types there was a basically affirmative response to the cultural values. It is the momentary breach in that affirmation that is considered culpable in their disorder. In the Pitṛ type, however, the

passive-aggressive posturing and hostile speech indicate a fundamental conflict between affirming and outright rejection of the cultural values represented by his superiors.

His dullness and pica may indicate an organically based condition associated with anemia. Sullenness, inefficiency, and hostile speech etc. are manifestations of his passive-aggression, which is characteristic of the passive-dependent personality type (Kolb 1968:86-7), and his anorexia and indigestion suggest oral dependency and depressive features (Freedman 1968:948). Of the passive-dependent Kolb states: "The underlying hostility, covered by a rigid shell of timidity and passivity, is entirely unconscious" (P.86). Others have noted a susceptibility to hysterical outbursts and rage reactions (Reich 1969: 88,104-5), which might have been taken for demonic possession in a culture where they were accepted. In a description of the passive-dependent, Nunberg states:

> They cling to others tenaciously and persevere in their ideas, attitudes, and actions. They are loyal and faithful to their love objects and friends. They can be very passionate and have outbreaks of blind rage. This type calls to mind the character of a genuine epileptic" (Nunberg 1955:316).

Freud discussed a case of demonic possession that is also consistent with the Pitṛ type:

> Perhaps Christopher Haitzmann was only a poor devil, one of those who never have any luck; perhaps he was too poorly gifted, too ineffective to make a living, and belonged to that well-known type, the 'eternal suckling'--to those who are unable to tear themselves away from the joyous haven at the mother's breast, who hold fast all through their lives to their claim to

> be nourished by some one else. And so in his illness our painter followed the path from his own father by way of the Devil as a father substitute to the pious Fathers (Freud, "A Neurosis of Demoniacal Possession in the 17th Century," CP vol.4,Pp.470-1).

According to O. Kernberg, a present-day psychoanalytic theorist, passive-dependency is more regressed than the hysterical personality, of which it is commonly held to be a variant. He notes "child-like dependency of a more oral-demanding, aggressive kind than that seen in the hysterical personality" (1967:654).

This "oral-demanding" feature is a link with the next bhūta type, Gandharva, where the focus of conflict has clearly shifted from cultural values represented by authority figures to the dominance by sense objects and a preoccupation with gratifications. The premorbid Gandharva personality has a typical fondness for music, adultery, fragrances, and garlands. In the afflicted condition, his sensualism deepends to overt hedonism. He enjoys food, drink, bathing, music, and dance; and the explicit mention of his penchant for instruments played with the mouth is, from a psychoanalytic perspective, indicative of the role of orality in the psychodynamics of his disorder. He has a taste for red clothing, which is considered inauspicious (Caraka 1949:vol.1,P.387; Car 5.5.11), and he makes prescribed rituals the butt of his humor.

In his relationship with the cultural values, he is relatively indifferent, though there is a tendency to reject them, as indicated by his mocking of the ritual. In suc-

ceeding types, the rejection of cultural values grows progressively more intense. The primary focus of conflict in Gandharva type is on sense objects and gratifications, however, rather than cultural values, and towards these he is acquisitive and apparently sufficiently well-organized to secure them, at least to the point where manic type manic-depressive psychosis might intervene. The more serious condition may be indicated in some Mss. which state that they become passionate, impetuous, serious, and unapproachable. In such a state, the focus of conflict shifts from sense objects to the dominance of his uncontrolled emotions.

The prominent hedonistic bias of Gandharva traits clearly indicates a hypomanic personality type. Such patients have been described as "outgoing, cheerful enjoyers of life...confident, aggressive, optimistic...usually energetic, gregarious, and pleasure loving" (Kolb 1968:83). The oral inclusive tendencies of the hypomanic reflect somewhat similar psychodynamics as the passive-dependent Pitṛ type, although they are far less immature and dependent. Fenichel points out that among instinct-ridden characters, among which the hypomanic should be included, severe cases of hypersexual and hyperinstinctual behaviors are ruled by oral and cutaneous fixations (1945:374). The latter might account for the onset of unmāda by tactile hallucination in this type. Furthermore, the control mechanisms, which dominated the obsessive-compulsive personalities and retained conflictual influence in the passive-dependent, exert little

influence in the hypomanic. This individual is relatively uninhibited by control mechanisms when tempted by irresistible urges for instinctual gratifications (Fenichel:374).

The premorbid Yakṣa type is depicted as competent and effective in worldly affairs. He is intelligent, strong, and good-looking--even heroic and proud. He indulges the senses, like premorbid Gandharva type, and we are told he likes garlands, oils, and good humor. The text also mentions that he talks too much. This again suggests a hypomanic personality, but with increased emphasis on manic features. The susceptibility of extremely competent "movers and doers of the world" with hypomanic traits (Cohen 1975:1020), among whom premorbid Yakṣa seems to be included, to more serious manic-depressive psychosis is presently and historically recognized (Ibid., 1015). In the afflicted condition the Yakṣa type has repeated (asakṛt) bouts of crying, laughing and sleeping, suggesting a cyclothymic condition or bipolar affective psychosis. His generally approbatory premorbid traits intensify, becoming symptomatic. Not only does he just talk too much, but he becomes indiscreet and tells secrets. The same thirst for sensual gratification as in the previous Gandharva type is also present here, and he is said to be fond of music, dance, humor, stories, food, drink, fragrances, and clothing. Where the Gandharva poked fun at the bali ritual, the derision of the Yakṣa becomes more personal, and he berates priests and physicians. His grandiose and probably irresponsible generosity noted by Su

is a typical manic trait, and the intensification of both manic and depressive--e.g. red tearful eyes--features is prominent, whereas in afflicted Gandharva type only manic features, for the most part, were discernible (see Kernberg 1975:645-7).

The primary focus of conflict in Yakṣa type seems to be split between sensual gratifications and contending with his uncontrolled emotional passions in the severe condition. The increasing emphasis on conflict at emotional level is indicative of a major step in the regression process of turning inward. His disdain for priests and physicians is a stronger rejection of cultural values than the Gandharva type's derision of the ritual. His attempts to secure gratifications reflects a basically acquisitive response in his interactions with external objects, unlike the more regressed types, in which there are attempts to obliterate, either by aggression at the object level or by denial and repression at the emotional level, all sources of potential discomfort. Such individuals might refuse to deal with conflictual issues except in the guise of reaction formations and displacements. The Yakṣa type, on the other hand, experiences his emotions directly. His degree of personality disorganization depends upon the severity of the disorder, although an ability to attain gratifications clearly indicates a level of organization higher than Rākṣasa and Piśāca types.

The psychodynamics of orality noted in the Gandharva

type are also pertinent here (see Kernberg: Loc cit.), and the increasingly aggressive interactions with priests and physicians suggest the influence of phallic narcissism. Such patients are notoriously reluctant to yield to or to accept the authoritativeness of recognized authorities (P. Kernberg 1971). With regard to the striking competence of the premorbid condition (Car 6.9.21.5), Kohut notes, "in narcissistic personalities...the reasoning capacity, while totally under the domination and in the service of the overriding emotion, is often not only intact, but even sharpened" (Kohut 1972:382).

We shall discuss Brahmarākṣasa next, following the arrangement of Car 6.9.21, AHr and AS. We have already noted in part A of this section that it is odd that this type is dealt with after Rākṣasa in Car 6.9.20. The premorbid Brahmarākṣasa personality is taken up with the same pursuits as the Deva type--austerities, fasting, scriptural studies, and chastity--however, he lacks the purity of the former, and it is the mix of his lower social standing and grandiose pretensions that are most striking. He is either a disgraced priest or a layman feigning the status of priest. He considers himself a hero and sports about in the temple waters. The last of these traits may be the only remnant of the fun loving aspect of the hypomanic in the premorbid Gandharva and Yakṣa types. The focus of his conflict is on authoritarian figures, but less in their capacity as representatives of cultural values than as superiors whom he loathes.

Where the nature of the conflict in the Guru type was a breach in the affirmation of his prescribed relationship with such personages, the Brahmarākṣasa overtly rejects them. In the afflicted condition, Brahmarākṣasa type manifests the manic qualities of the previous two, but it is his aggressive hostility directed towards the authorities, the cultural values, and himself, all of which he grandly rejects, that is distinctive. He loudly laughs and dances about; he has contempt and loathing for gods, sages, and physicians, yet he recites scriptures and holy texts. Even though the focus of his conflict is perhaps at a higher level than the previous two, it is the severity and interplay of his rejection of self and social institutions that account for this condition being placed at the lower end of the spectrum. We have noted a rejection of the cultural ideals in the Gandharva and similarly in the Yakṣa types, but both of these are relatively innocent in comparison with the present case, where it is the hostility towards the social institutions that dominates his personality (see Reich 1969:206-7).

His aggressive, competitive traits suggest an intensification of the phallic narcissistic psychodynamics, and the progressive weakening of internalized control mechanisms throughout all of the preceding types maintains its continuity here. Having rejected the validity of all authority figures-- more in the sense of objects to which he does not wish to submit than as representatives of cultural values which have no influence on him--he is not susceptible to

the same guilt dynamic as are the Deva and Guru et al. types, nor is he dependent upon them as is the Pitṛ type. The passive-aggressive style of the Pitṛ type has in fact been replaced by overt aggression (Kolb:87). As described, he appears to maintain competence, though we must add to the point where psychosis might intervene, but he does not appear to manifest the severely disorganized personality of Rākṣasa and Piśāca types.

Annie Reich (1949) described a character type called the grotesque-comic which exhibits similar traits as the Brahmarākṣasa, such as his derisive self-flagellation with sticks and other things. In her analysis she noted:

> The grotesque-comic uses his body to ridicule his innermost fears and wishes and simultaneously discharges his hostility and frustration toward the audience. In effect, he is able to seduce through laughter the historically sought object (a parent) who rejected him during his formative years. ... the original injury sustained from the rejecting parent cannot be erased and requires constant testing for assurance (Brody 1967:949).

In the case of the Brahmarākṣasa, the analog to the "rejecting parent" may be the earlier offense of the priest which cost him his social status, or perhaps some other rejection causing him to compensate with grandiose pretensions to high position. At any rate, the style of the grotesque-comic may be consistent with that of the Brahmarākṣasa.

> The individual reenacts repetitiously in caricature, an unsuccessful attempt at mastery of past anxiety. Such reenactment contains elements of exhibitionism, aggression, self-humilation, and self-punishment (Loc cit.).

The premorbid features of the Rākṣasa and Piśāca types

are cited in a single passage. Both are dull-witted, back-biting, deceitful, and lusting after women. The implication of the last of these is a desire for conquest, definitely not a capacity for love, and they all indicate aggressive features characteristic of an antisocial personality disorder. DSM-II describes such patients thus:

> They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment. Frustration tolerance is low. They tend to blame others or offer plausible rationalizations for their behavior (P.43).

In the afflicted condition the aggressive tendencies of the Rākṣasa type intensify and regress to the most basic level. He becomes threatening, strong, fond of knives, blood, and meat. He cannot sleep, and even without food he is very strong. More explicit descriptions of his assaultive tendencies are found in Su, AHr, and AS.

In the afflicted Piśāca condition, antisocial aggressive features are subordinated to the extreme and total disorganization of personality and loss of competence. Where the Rākṣasa is primarily strong, bloodthirsty, and dangerous, the Piśāca appears to be too incompetent to be dangerous. His thinking is abnormal, he cannot remember, he doesn't comprehend propriety, he chatters on and on and sings, dances, or laughs. He roams about aimlessly, nude, and with a penchant for filth.

Neither of these individuals maintain very much object-orientation, and the turning inward process is completed in

these types. The aggression of the Rākṣasa type is determined more by an internal, hostile drive than the consequence of any particular interactions with the object of his aggression. The focus of conflict in both is determined by their uncontrolled, self-centered emotions, rather than their relationship to sense objects or cultural values. Both are highly disorganized, but Piśāca more so. There is, however, a basic difference in the nature of the conflict in the two. In the Piśāca type, an unimpeded flow of mental activity is openly expressed by his chaotic behaviors. His condition is a more severe version of the bipolar manic-depressive condition of the Yakṣa type, unquestionably psychotic in this case. He is incapable of resisting the pressures of his emotional turmoil, which batters him about.

If Su 6.60.55 and AS's attribution of hostility and aggression to Piśāca type are to be taken seriously as a component of the medical syndrome--their validity in the general mythology undisputed and notwithstanding--we note that nudity, mentioned in Car, may be a manifestation of aggression (see Ferenczi, "Nakedness as a Means for Inspiring Terror," 1926). In the earlier texts, however, it is the total personal disarray that supersedes any aggressive potential. The condition here might also be comparable to severely regressed hebephrenic schizophrenia.

The relationship of Piśāca to Yakṣa is analogous to that of Rākṣasa with Brahmarākṣasa. The hostile aggressive maneuvers, driven by intense phallic narcissism, have

regressed to the level of murderous, even cannabalistic, assault, suggesting the lowest common denominator of oral inclusion. His style of response is dominated by a total rejection of everything in his environment. His perverse emotional responses are characteristic of psychopathy or highly regressed schizophrenia. Control mechanisms are completely absent in this type, and according to Reich, they are curiously replaced by the impulses themselves, which dominate his personality. In a discussion of impulsive characteris, he states:

> the impulses themselves, especially sadistic impulses, are utilized as a defense against imaginary dangers including the danger threatening from the impulses" (Reich 1969:151).

In the sequence of clinical types which we have just discussed, we have noted the pronounced trend reflecting the decreasing influence of internalized control mechanisms. This was shown to be directly related to the nature of the conflict characteristic of a given bhūta type. Our discussion of the eight types suggests that they fall into three categories. The first contains Deva and Guru et al., and is characterized by strong control mechanisms. The symptoms are traceable to the harsh reactions of these internalized controls, which strike out oppressively in the service of cultural values--represented either by abstract ideals or authoritarian personages--in response to minor faults, real or imagined. Pitṛ is on the border with elements of the first and second category. In the second

category, principally containing Gandharva and Yakṣa types, the control mechanisms have become ineffective in mediating drives for gratification, nor do they maintain any effectiveness in the service of cultural values. These drives for sensual gratifications were for the most part repressed in the first category by the weight of the control mechanisms. In the Pitṛ type, being at the border of the two, the control mechanisms and drives for gratification are both significant, and the tension between the two is manifest in the passive-aggressive style. In the third category, consisting of Brahmarākṣasa, Rākṣasa, and Piśāca, the control mechanisms have moved toward total collapse. At this level they are not only inept at mediating gratifications, they are also ineffectual in checking aggressive impulses and sufficiently ordering self-centered emotional passions so as to make meaningful functioning possible. The chaos of internal forces consequently dominates the individual.

C. Analysis II: Neuropsychiatric Considerations

In our analysis thus far we have discussed Car's arrangement of the subtypes of āgantu-unmāda and compared them to presently recognized personality types and diagnostic categories on the basis of the clinical patterns associated with each bhūta type. We have found this approach to be useful in the elaboration of the conceptual framework on which the arrangement of Car's exogenous psychiatric nosology is based; however, some of the salient features of āgantu-unmāda have been ignored in our analysis thus far. Āgantu-unmāda, irrespective of the particular type, is characterized by uncontrolled episodic attacks (aniyata-unmāda-kāla, Car 2.7.13; 6.9.17), which manifest distinctly altered and unnaturally intense religious and hyperpious, assaultive and sadistic, as well as hypomanic, manic, and depressive symptoms according to the bhūta type. We have suggested a psychoanalytically oriented analysis of psychodynamics to account for the etiology of these symptoms. At this point, however, we must also note that the episodic and ego-alien nature of the disorder--which is both explicitly stated and implicit in its association with supernatural beings (bhūtas)--is remarkably consistent with a variety of epileptic and frontal lobe conditions.

Popular beliefs equating epilepsy with convulsive seizure exclusively are incorrect; and this symptom may be altogether absent, especially in the temporal lobe conditions with which we shall be most concerned.[7]

Etiologic factors show a high rate of prevalence in India and third world societies generally. They include head trauma at birth or in early childhood--the most important factor (Penry 1975), perinatal care, and febrile convulsions during childhood from the effects of high fevers on the central nervous system (Falconer 1971; Blumer 1975a: 176; Lindsay 1971; Lennox 1960:608). The high correlation of these factors and the onset of temporal lobe epilepsy after puberty has been observed in India (Hoch 1967). Tumors and vascular disorders may produce temporal lobe epilepsy in older patients, and a genetic disposition (Taylor 1971), and parasitic infestation (Dickson 1941;

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7 In the ayurvedic texts the subject of convulsive epileptic seizure, apasmāra, is discussed in chapters adjacent to unmāda (Car 2.8; 6.10; Su 6.61; AHr 6.7; AS 6.10), and the two disorders are regarded as closely related. Remedies are frequently said to be effective for both conditions and the bhūta disorders (see Car 6.10.23-24,53, 67 etc.), and Car 6.10.66 emphasizes the need to protect both the apasmāra and unmāda patient from trees, irregular surfaces, fire etc., suggesting an awareness of photogenically induced seizures, initiated by flickering light through trees, reflections, or dancing flames. Car 2.8 refers to a later discussion of āgantu-apasmāra which is not forthcoming in the surviving redaction of Car 6.10. According to the colophons, which we cannot assume a priori to be reliable (see Car in our discussion of ayurvedic sources), Car 6.9 containing a discussion of āgantu-unmāda is redacted by Caraka and Car 6.10 without the promised section on āgantu-apasmāra is redacted by Dṛḍhabala. The later texts, Su, AHr, AS, do not discuss the āgantu- type of either disorder, which suggests that the colophons of these two chapters in Car are accurate, and that at a later period convulsive epilepsy in the absence of somatic symptoms associated with the doṣas was attributed to the bhūtas independently of apasmāra. Convulsive seizures are indicated in the later texts for certain bhūta types (e.g. Bhujaṅgama and Piśāca in Su 6.60.13,15) but not in Car.

Lennox 1960:608) are also significant. Lennox and others (see also Ervin 1975:1150; Walker 1972; Van Ree 1972) affirm the expectation of high prevalence rates in third world tropical regions generally.

> Unduly high rates for certain segments of world population are logical, either because of hereditary characteristics, or the prevalence of poor obstetric practices or of infections that cause convulsions. ...The frequency of the various eleptogenic conditions named depends on geographic sites, the prevalence of epidemics, the effectiveness of public health measures, and the chance sampling (Lennox 1960:497).

Erna Hoch, a child psychiatrist who has spent many years working in India, states: "An observer from the West is impressed by the frequency of brain damage due to infectious processes amongst children here in India" (1967:126).

A lack of EEG facilities in India and a large number of unreported cases of epilepsy, which are still frequently taken locally for instances of demonic possession, becloud attempts to gather valid epidemiological data (Hoch 1967). Van Ree (1972) cites estimates of prevalence rates of epilepsy for comparable regions of Africa ranging from 7-13 per 1000, contrasting them with the commonly quoted prevalence of 4 per 1000 among caucasian populations. He relates the presently reported "frequent coincidence of mental deficiency, epilepsy and organic brain lesions" in lesser developed regions to medical care during pregnancy and delivery, encephalitis and meningitis during early childhood, and serious dietary insufficiency.

The development of more effective activation techniques

(e.g. alpha-chloralose), findings from subcortical implants, other technological advances in electroencephalography (EEG), and the success of anticonvulsant drug regimens in the treatment of nonconvulsive psychiatric conditions have shown in recent rears that the influence of epileptoid phenomena is far more widespread than was previously believed (Monroe 1970; 1975; Mitsuda 1967b; Jonas 1965).

Frontal lobe personality changes are known to occur as a result of tumor, Huntington's chorea, and multiple sclerosis, but they are caused most frequently from head trauma. Recognition of the importance of this last factor may be implied in Su 6.60.3,5 which note that an injured person is particularly susceptible to demonic assault. Su 6.60.16 mentions the poor prognosis for persisting conditions resulting from a fall. Of the factors which are presently known to initiate the onset of a seizure, such as flickering light, hyperventilation, fatigue, fever, alcohol, and hypoglycemia, none are more significant than emotional stress. Ervin notes that a stressful interview is a more effective initiator of EEG abnormalities than any of the above, or even drug induction (1975:1152).

> Numerous stress situations can precipitate seizures: lack of sleep; frequent geographic dislocation of flight personnel with disruption of accustomed sleep patterns; ...unusual life situations such as the witnessing of an accident, burial rites, the sight of blood, and many others.
>
> The above factors have in common an overwhelming of the integrative capacity of the nervous system. Their specificity would, of course, depend on the experiences and character make-up of each individual (Jonas 1965:47).

The anxiety provoking situations associated with the onset of unmāda (Car 2.7.14) are consistent with this observation. A possible role for alcohol in the onset of Rākṣasa type (Su 6.60.14) and for unmāda generally (Car 6.9.96) is indicated.

Upon examining the history of the relationship of demonic possession and epilepsy in the West, we note that Walter Bruele identified the syndrome attributed to the female demon known as the Hag (see Hufford 1974) with a non-convulsive form of epilepsy in his Praxis Medicinae, or the Physitian's Practise, first published in 1632: "In the Hag or Mare ... there is no con[v]ulsions, as in the falling sickness" (Bruele 1648:50, quoted in Oxf. English Dictionary under "Hag"). Bruele's association of the two was a portent whose significance lay in the future. In the 19th century, as the medical perspective began to supersede the mystical, Jean Charcot believed the symptoms of demonic possession to be a manifestation of hysteria (see Guillain 1959). Freud, in a 1923 paper on a case of demonic possession, disagreed and instead stated that demonic possession a neurotic condition (CP vol.4 P.436). Other psychoanalysts of that era concurred with this view, and Karl Abraham (1877-1925) also analyzed lycanthropy, the wolf man possession syndrome, as a depressive neurosis explainable with recourse to the psychodynamics of orality (1966:64). Present-day studies of possession syndrome in India and elsewhere by psychiatrists and medical anthropologists, however, invar-

iably return to the diagnosis of hysteria (Carstairs 1976; Teja 1970; Freed 1964; Harper 1964; Minturn 1966; Obeyesekere 1969), just as it had been similarly applied in 19th century Europe (Veith 1965; Temkin 1971).

Most recently, however, evidence from the above noted psychoneurologic diagnostic capabilities has shown that hysteria is frequently a misdiagnosis or merely one aspect of the complex manifestations of epilepsy.

> While there is undoubtedly a psychopathological syndrome of hysteria, many patients diagnosed as hysterics have subsequently or under closer examination been found to harbor demonstrable pathological changes...chronic bilateral hematomata... temporal lobe epilepsy...(Jonas 1965:85).

In a discussion of the possible reasons for the high incidence of hysteria in the 19th century and its later decrease, Wallace quotes Peterson (1950) who reflects a more radical position: "it has been suggested, for instance, that hysteria has vanished right into the diagnosis of epilepsy" Wallace 1972:379-80). At one point the problem of distinguishing hysteria and epilepsy had been skirted by the vogue of the concept of hystero-epilepsy. In effect, this equated the two (Temkin 1971; Fenichel 1945:267; Notkin 1930) or at least postponed consideration of the issue which the later development of anticonvulsant therapy made unavoidable. Although the hybrid term is no longer viable, it is recognized that hysteria and epilepsy may be concurrent.

> Hysterical seizures are frequent among epileptics, and the recognition of hysteria does not exclude the diagnosis of epilepsy. ...Any of the symptoms of schizophrenia may [also] be present (Blumer 1975b:166).

Jonas explicitly mentions the probable link between the so-called demonic possession states and epileptoid phenomena.

> In the past, many afflicted individuals thought they had been possessed by the devil or the holy ghost, and it is quite probable that many of the visions and voices described by mystics and prophets were not triggered by hysterical disassociations but epileptic equivalents. In fact, many mystics used ecstatic expressions that closely parallel many psychomotor phenomena (Jonas 1965:48).

The diversity of epileptoid phenomena--also known as complex partial seizure and ictal neurosis--is truly vast. Among the reported seizural symptoms are included acts of violence (Monroe 1975; Walker 1961), various personality changes (Blumer 1975a), ictal depression states (Okamoto 1967; Yamada 1967), gelastic laughter (Gascon 1971; Loisseau 1971), hyper- and hyposexual conditions (Currier 1968; Blumer 1967; Van Reeth 1958), fear (Henriksen 1973), and spitting automatisms (Hecker 1972), to name some of them. Interictal (i.e. between seizures) and ictal psychoses resembling schizophrenia and manic-depressive psychosis are also prominent (Flor-Henry 1972; 1969).

> ...there are few psychopathological phenomena that have not appeared as epileptic episodes. Disorders of affect, such as depression, anxiety, terror, and rage; disturbances of thought, such as forced thinking, obsessive rumination, fragmentation, and neologisms; perceptual changes, such as hallucinations, depersonalizations, *déjà vu*, and alterations of body image; and disturbances of behavior, such as recurrent dreams, transvestitism, and ritual behavior--all have been described, particularly in relationship to temporal lobe epilepsy. More dramatically, the states of manic elation, delusional paranoia, and catatonic stupor

or excitement have also been tied to seizure disorders (Ervin 1975:1138).

Nonconculsive epileptic seizure and ictal phenomena prior to a convulsive climax often involve a sequence of stereotyped movements known as psychomotor automatisms. These may consist of irregular movements of the face, lips, and tongue especially.[8] Other manifestations of the ictal event might include dizziness, illusions of memory, perseveration, and forced thinking--in which some phrase, sentence, or melody obtrudes upon consciousness. Besides oral automatisms such as lip-smacking, licking, chewing etc., other manifestations include grimacing and abnormalities of speech. Pupillary dilation, pallor or flushing, salivation, sweating, gastrointestinal effects, and stertorous breathing also occur. Short stereotyped automatisms such as scratching, stamping, kicking etc. or more complex automatisms may be evident. The ictal event might also consist of a mementary loss of touch with the environment, indicated by an expressionless stare (cf. Su 6.60.16) lasting from seconds to a minute and a half or so. The observation of this last phenomenon might also have prompted the ayurvedic authors

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8 The similarity of psychomotor facial automatisms and actual convulsions may have induced Car to classify these under the rubric of ā̲g̲a̲n̲t̲u̲-̲a̲p̲a̲s̲m̲ā̲r̲a̲, which does not survive in the present redaction. Su, AHr, and AS attribute lip-smacking and motions of the tongue to a snake demon, and although no such snake demon is included in Car's discussion of āgantu-unmāda, it may well have been covered under āgantu-apasmāra. See preceding note 7 in this section, P.155.

to remark upon how the demons "enter invisibly like the image in a mirror" etc., referring to this blank period (Car 6.9.18; Su 6.60.19). It is also significant that Car mentions an intense subjective experience at the onset of an attack, probably involving an hallucinatory experience (Car 2.7.12). Various kinds of hallucinations, e.g. auditory, visual, olfactory, gustatory, etc., are associated with epileptoid phenomena, especially at the onset of a seizure (Blumer 1975a:177; Higashi 1967; Tsutsumi 1967). Onset according to Car is otherwise consistent with the reports of present-day clinicians:

> ...the dreadful anticipatory reaction to an impending ictal crisis...the quality of weirdness, uncanniness and chilly, other-worldly feelings accompanying or preceding the actual symptoms. One's impression is that the person is literally seized by an uncontrollable force. Although the impression of unreality in the schizoid and the ictal awareness of an unaccountable sensation are indistinguishable in their impact, there is a fundamental difference. The schizoid accepts the unreality of the world around him and the alienation from the self as a way of life. He considers the inner perceptions as a normal state of mind. The ictally afflicted person, by contrast, expresses an intense anxiety about the ego-alien happenings inside his own mind. He wants to know the causes for these strange events and looks for reassurance that he is not becoming insane. Thus, the various ictal and subictal manifestations complicate the underlying character constellations (Jonas 1965:20-21).

The patient's desire to understand his condition, emphasized in this citation, is often frustrated by bewilderment and confusion, which are common postictal symptoms, and it is understandable that in a culture in which the popular lore unquestionably accepted the reality of super-

natural beings, recourse to these was a natural response, even as it still is among psychiatric patients in Western cultures where demons are less generally accepted.[9] Other postictal symptoms include amnesia, fugue, and twilight states. The individual might find himself unaccountably walking down the wrong street, in another part of town, or in another town (N.B. P.99 above on vāta-unmāda).

Paranoid trends and schizophrenic-like psychoses, variously termed "epileptic psychoses" (Blumer 1975a), "atypical" or "peripheral psychoses" (Mitsuda 1967a), and "acute psychotic state related to epilepsy" (Ervin 1975), are prevalent among temporal lobe epileptics (Blumer 1975b: 165; Hill 1962; Slater 1963) and are distinguished from chronic or "process" schizophrenia (Monroe 1970). The findings of P. Flor-Henry (1972; 1969) in studies of psychotic disorders among epileptics show that laterality effects may be critical. Schizophrenic and paranoid symptoms as well as psychopathy tend to correlate with dominant temporal limbic dysfunction, and affective psychoses and depressive neuroses tend to correlate with non-dominant temporal limbic dysfunction.

Historically, the attribution of a well-defined interictal epileptic personality--characterized by slow-

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9 Charcot attempted to provide a logical and rational explanation for the affinity between demonism and mental disorder in Les Démoniques Dans L'Art, 1887. See Veith 1970:244.

wittedness, apathy, incompetence, emotional rigidity with fixed opinions on religious topics especially, self-centeredness, adhesiveness (i.e. circumstantial perseveration on a single topic), and hypochondriasis--has been and remains a controversial issue (Ervin 1975:1152; Blumer 1975a:179; Monroe 1970:103-11). There are however certain personality traits and behaviors that are clearly associated with temporal lobe epilepsy. These are impulsiveness, aggressiveness, and violence-proneness. Blumer adds a second dimension to this in his elaboration of the characteristic emotional deepening:

> ...penting up and episodic discharge of anger and rage on the one hand, and the intensification of ethical-religious feelings on the other. The need to be good-natured, helpful, and God fearing is much more prominent than the highly publicized violence-proneness" (Blumer 1975b:165).

Monroe suggests that reactions are classifiable as either episodic inhibition or episodic disinhibition, which is consistent with this (Monroe 1970:147). This dichotomy, hyper-ethical and violence-prone according to Blumer and Benson, has also been expressed by Delay (1958) in terms of coarctative and extratensive personality types. The former is described as "rigid, conventional, cold, calculating, pedantic, and meticulous" and the latter as "passionate and forceful with live affectivity, openly expressed hostility and spontaneous impulsive aggression" (Monroe 1970:107-8). There are also findings, speculative at the present time, to indicate that this dichotomy may correlate with dys-

function at specific foci in the temporal lobe. Thus, simply put, dysfunction involving excessive neuronal buildup in the cortical region of the temporal lobe may prove to correlate with the so-called inhibitory type personality and behaviors, while dysfunction in the subcortical structures of the limbic system, including amygdala, hypothalamus, hippocampus etc., may prove to correlate with the so-called disinhibitory personality and behaviors. More complicated models which consider the interplay between the focus of neuronal discharge and dynamic reactive control mechanisms have also been suggested and are believed to be more promising (Monroe: Loc cit.; Delay 1958).

At this point we suggest that the Deva type and closely related Guru et al. type of āgantu-unmāda might well be the ayurvedic correlates of this hyper-ethical, coarctative, or inhibitory aspect of temporal lobe epilepsy and Rākṣasa type the correlate of the violence-prone, extratensive, or disinhibitory aspect. The hybrid form which characteristically manifests the traits of both would thus be correlative of the Brahmarākṣasa type. The clinical description and the term itself--since as personality types Brahma and Deva are synonymous--is a hybrid composed of the two component aspects. If our hypothesis is valid, we therefore expect present-day descriptions of cases illustrating the hyper-ethical, violence-prone, and hybrid aspects to agree with the descriptions in the ayurvedic texts of Deva and Guru et al., Rākṣasa, and Brahmarākṣasa respectively.

It must be noted, however, that the patient manifesting purely hyper-religious symptomatology may remain socially functional and is not as likely to be compelled, either by himself or others, to receive medical treatment as the individual manifesting the aggressive aspect. Hence, we expect there to be less cases of the former cited in the medical literature. In non-medical and literary accounts, however, the relationship between hyper-religiosity and mysticism on the one hand and epilepsy has been discussed in connection with various well-known personages. In his study of Dostoevsky, an epileptic, Freud (CP vol.5 Pp.222-42) noted a mixture of outwardly directed sadism and attempts to be the "mildest, kindliest, most helpful person possible" (P. 224). Although this suggests the Brahmaraksasa hybrid, we shall momentarily postpone that discussion and focus here on the hyper-religious aspect exclusively, illustrating the Deva type. Consider the following passage written by Dostoevsky from The Idiot, quoted by Ervin in an article on "Organic Brain syndromes Associated with Epilepsy."

> The air was filled with a big noise and I thought that it had engulfed me. I have really touched God. He came into me myself; yes God exists, I cried, and I don't remember anything else. You all, healthy people, he said, can't imagine the happiness which we epileptics feel during the second before our fit. Mohammed, in his Koran, said he had seen Paradise and had gone into it. All these stupid clever men are quite sure that he was a liar and a charlatan. But no, he did not lie, he really had been in Paradise during an attack of epilepsy; he was a victim of this disease like I was. I don't know if this felicity lasts for seconds, hours or months, but, believe me, for all the joys that life may bring,

> I would not exchange this one (Dostoevsky quoted by Ervin 1975:1138).

Dostoevsky suggests that Mohammed was an epileptic, and over the years various epileptologists have affirmed that possibility.[10] Lennox, in his landmark treatise on epilepsy, states:

> About Mohammed (569-632), Sir William Moore's Life of Mohammed says to periods of unconsciousness at the age of 2 caused the child's nurse to leave her employment. Woods (1913) quotes evidence that Mohammed was slightly hydrocephalic; seizures began after the age of 3 and persisted throughout life. According to Gabucinius (p.6) Mohammed turned his infirmity to his advantage. When his wife was indignant at the disease and its name, he explained: "When I can no longer endure the force of the divine will being visited on me, I suffer in mind and my limbs are stunned. This is a common affliction of prophets, of whom you know I wish to be counted as one." She therefore looked to him as a divinity and willed him her whole estate. Some of the hallucinatory auras suggest a temporal lobe lesion. ...
>
> Sometimes seizures were preceded by depression of spirits and apprehension, and by tinkling in the ears, airy bells ringing, or bees swarming around his head; his lips quivered, but this motion was under the control of volition. Then his eyes became fixed and staring, and the motion of his head convulsive and automatic. At length, after a few minutes, perspiration broke out, the muscles relaxed, and this ended the attack (Lennox 1960:709-10).

In this as yet little explored area at the interface of neurology and mysticism, A.D. Jonas--who has already done much to elucidate the important role of epileptoid phenomena in psychiatric patients (Ictal and Subictal Neurosis, 1965)--has undertaken a study of this relationship

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10 See Mathew Woods, In Spite of Epilepsy: Being a Review of the Lives of Three Great Epileptics--Julius Caesar, Mohammed, and Lord Byron, the Founders Respectively of an Empire, a Religion, and a School of Poetry, 1913.

between "temporal lobe disorder and religious feeling, the origin of religion, the presumed possession of divine enlightenment, etc." which shall be published in a sequel to his book just cited (Jonas 1977).

Because of its significant social and legal implications, the violence-prone aspect of epilepsy, which we associate with the Rākṣasa and Asura type syndromes, has been more carefull studied (Walker 1961) with promising implications for successful treatment by anticonvulsant therapy (Monroe 1975). A particular EEG pattern (14 and 6/second spiking) has been found to be prominent in cases of severe rage reactions among children and adolescents (Jonas 1965:42-3) and in cases of brutal psychopathy (Monroe 1970). Car associated the smell of raw flesh with the onset of Rākṣasa type unmāda, and uncinate fits have been associated with eleptogenic foci in the rhinencephalon, possibly at the same or proximal sites as those involved in episodic rage reactions. A paper by A.W. Spiller (1904) on uncinate fits cited the case of a woman who experienced "the taste of raw, unsalted beef in her mouth" (Daly 1975: 62).

Inasmuch as the violence-prone symptoms are very likely to necessitate incarceration and/or treatment, numerous cases consistent with the Rākṣasa type are cited in the medical literature of the present day. The following case of a young Indian girl who had been delivered with forceps, had suffered liver trouble to the age of two, and had a

syphilitic father and a sister with cataleptiform seizures was treated by Erna Hoch at the Nur Manzil Psychiatric Center in Lucknow, India. Her symptoms illustrate the psychopathic assaultiveness and the olfactory aura characteristic of the Rākṣasa type.

> ...She had learned to walk and to talk and had even completed her toilet training. Then she started having convulsive fits. At the same time, her behavior changed. She became restless, uninhibited and impulsive. She would take great delight in pinching and even biting other people and in being cruel to animals.
>
> We ourselves...were able to notice, how even at the age of 9, she roamed about in the whole out patients' department, entering into closed rooms and how, with a decidedly lustful expression, she would pinch or bite the very person in whose lap she first had snuggled down affectionately. During the last few visits, 7 years after the fits had started, we were particularly struck by her interest in smelling everything. The family reported that, when one of her convulsive fits was about to start, she would hold her nose closed with the right, while the left arm and leg would be stretched out stiffly. Probably the fits were preceded by some olfactory aura (a premonition by the sense of smell) which, just as the abnormal interest in smelling everything like a dog, may have pointed to a lesion of the rhinencephalic regions (Hoch 1967:163-4).

Consider also the following case of a 14 year-old epileptic Indian boy also illustrating the violence-prone aspect and the affinity for weapons mentioned in the description of Rākṣasa type in the ayurvedic texts (e.g. Car 6.9.20).

> Driven by a vague restlessness, he had started becoming disobedient and quarrelsome. He had lost interest in studies and at times played truant from school, where he was supposed to attend 8th class. His parents were scared by his morbid interest in knives and guns and his occasional threats that he would kill them...(Hoch 1967:171-2).

Specific stereotyped rage reactions in other cultures

have also been associated with epilepsy. Kraepelin identified amuk--the Malaysian syndrome in which "patients suddenly run through the streets with drawn daggers, [and] cut people down at random"--as epilepsy, although Bleuler felt a psychogenic factor was [also] involved. Bleuler also noted the similarity of piblokto, which occurs among Arctic eskimos.[11] Although the determination of neurological (epileptoid) vis-à-vis psychogenic (hysterical) etiology solely on the basis of observed psychopathology is often impossible, data from EEG with the aid of various activation techniques (Monroe 1970:176-224) and a positive therapeutic response to anticonvulsant drugs can be taken as strong evidence for the former in a particular case. The role of both, however, is more likely complementary than mutually exclusive, as we have already indicated.

Turning our attention now to the Brahmarākṣasa hybrid type, we note that the combination of hyper-religious and aggressive aspects of temporal lobe epilepsy is considered common (Blumer 1975a:161). The case of Dostoevsky discussed by Freud in "Dostoevsky and Parricide" provides an excellent example, inasmuch as the self-directed aggression mentioned in Car 6.9.20 for this type is mentioned by Freud in his analysis of the contradictory aspects of the epileptic

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11 Bleuler 1930:459. For an account of Malaysian mental disorders see Resner 1970 and for an account of Arctic mental disorders see Foulks 1972.

author's character.

> Dostoevsky's very strong destructive instinct, which might easily have made him a criminal, was in his actual life directed mainly against his own person (inward instead of outward) and thus found expression as masochism and a sense of guilt. Nevertheless, his personality retained sadistic traits in plenty, which show themselves in his irritability, his love of tormenting and his intolerance even towards people he loved, and which appear also in the way in which, as an author he treats his readers (Freud:CP vol.5 P.224).

His behaviors combine the "threat of repetitive uncontrollable acts of murderous or near murderous violence; the guilt and need for atonement; seeking forgiveness and help from God; [and], the attempt to adhere to a strict moral code" (Blumer 1975b:161). The reaction of a clinical observer to this admixture of hyper-religious and sadistically aggressive behaviors was provided by P. Samt in his report of the "forms of epileptic insanity" at the Charité Hospital in Berlin:

> I have seen such religious martyr-faces, epileptics who speak "frankly and freely from the bottom of my heart"; who beat their chests: "As true as I live, from my heart I speak for emperor and king, dear God is with me"; epileptics who act like the most pious sufferers, who kneel down and swear as to their angel-like innocence: "Yes, I am sometimes a bit mean, but I don't attack, I want a pistol to my head if I do, but I love to live"; who if they are in the wrong, want to be "crucified and condemned"; epileptics who see "dear Jesus" in dreams and recognize a message from "God the father" in a drawing on the wall, and who steal, strike and curse in a most vulgar manner --enough, those poor epileptics, such as one might meet in every institution, who have a prayer book in their pocket, dear God on their tongue, but an excess of viciousness in their whole body (P. Samt 1875/1876 quoted by Blumer 1975a:160).

This combination of "dear God on their tongue" and "an excess

of viciousness" is perhaps the essence of the Brahmarākṣasa type.

Depression has been reported as an ictal trait in temporal lobe epilepsy (Okamoto 1967; Yamada 1967; Monroe 1970:171), though in most cases the reports emphasize fear, anxiety, or compulsive crying or laughing rather than the characteristic inferiority, lowered mood tone, and other depressive symptoms more consistent with the Pitṛ type. As we we have indicated, however, these do commonly occur as interictal symptoms among epileptics and are thus pertinent to our consideration of the Pitṛ type. In the passage quoted above, P.142, Nunberg noted the similarities between the passive-dependent personality type, which we associate with Pitṛ type, and the so-called "genuine epileptic" personality (Nunberg 1955:316). Jonas cites cases with a more substantial link with epilepsy, including the case of a 26 year-old single junior executive having "an all-pervading emotional immaturity with strong parental ties" who "developed depressive moods, with profound feelings of utter hopelessness."

> An ictal depression was a possibility, but no EEG was ordered to avoid the intensification of the patient's hypochondrical fears. He was placed on Dilantin, and then the depressive episodes ceased. This might have been considered a coincidence had it not been for the fact that with the taking of the anticonvulsant medication other ictal symptoms--sudden uncontrollable rages, transient loss of consciousness, lapses, and lightning in his dreams--disappeared as well. He began to mention the latter symptoms only after he became aware of their subsistence (Jonas 1965:47).

Although Freud did not link the case of the "demonically possessed" Christopher Haitzmann--which we discussed in our earlier analysis of Pitṛ type--with epilepsy, the probable relationship between possession and epilepsy which we discussed near the outset of our neuropsychiatric considerations further support a link between Pitṛ type and either an ictal or interictal depressive syndrome associated with epilepsy.

Upon further consideration of the depressive Pitṛ type and the remaining hypomanic Gandharva, the cyclothymic Yakṣa, and the severely manic-depressive Piśāca types, we note that not only epileptoid depressions, but also chronic hypomanic states, manic mood swings, and anxiety are not uncommon among patients subject to complex partial seizures (Blumer 1975a: 165; Monroe 1970:171-2). We shall also consider the possible role of frontal lobe disorders as correlative diagnostic categories, but because of epidemiological considerations and less certainty in the correlations of the clinical patterns associated with the ayurvedic and present-day categories, the arguments suggesting frontal lobe diagnostic correlates for the Pitṛ, Gandharva, Yakṣa, and Piśāca types, which we are about to discuss, are less compelling.

Frontal lobe disorders are frequently associated with personality disturbances, alterations in motor activity, and disorders of cognitive function (Hecaen 1975:138). Benson & Blumer (1975) have noted that: "Organic personality changes are frequently misdiagnosed as depressive, hypomanic,

or psychopathic states" (P.149). Two dichotomous aspects of frontal lobe personality changes have been proposed to account for the observed conditions, viz. the pseudopsychopathic and the pseudodepressed. The behavior of the former may resemble the hypomanic syndrome, with euphoria, erotic behavior, lewd and inappropriate remarks (Witzelsucht), pretentious language, and a general silliness and childishness (moria). The excitation and euphoria may appear episodically, alternating with periods of 'pseudodepression' (Blumer 1975b; Hecaen 1975).

> True depression, however, is rarely seen; rather a picture of asthenia and akinesia imitates a true depression. A disorder of activity, rather than affectivity, is the hallmark" (Hecaen 1975:138-9).

This "active" rather than "affective" quality is also characteristic of the excited aspect, and the patient may claim that he is unhappy "in the midst of an apparent euphoria " (Ibid.). There may also be outbursts of irritability and considerable violence, possibly consistent with Brahmarākṣasa or Rākṣasa types.

S. Solomon (1975) emphasizes the prominence of impaired inhibitions, disorderliness, loss of social graces, and strikingly amoral behaviors. There is a loss of initiative, little thought of the future, and the loss of self-consciousness. Orientation for time and place is disturbed, and there are defects in perception, memory, attention, learning ability, abstract thinking, and general intellectual performance. Urinary and rectal incontinence is a frequent

symptom with frontal lobe lesions, and visual and olfactory hallucinations and forced thinking occasionally occur following head trauma (Blumer 1975b:140).

Essentially the pseudodepressed patient is characterized by apathy and indifference, the pseudopsychopathic by puerile silliness and euphoria. The pure types themselves, however, are rarer than admixtures of the two. The striking loss of initiative and other features of the pseudodepressed aspect are consistent with the dependency and depression of Pitṛ type. The facetiousness, promiscuity, lack of social graces, and impulsiveness of the pseudopsychopathic aspect, which "may resemble superficially, a manic or hypomanic patient" (Blumer 1975b:158) is consistent with the Gandharva type. The admixture of the two would thus suggest the Yakṣa type, or in more severe instances the Piśāca. It is fitting that the more common admixture of the two aspects of frontal lobe personality changes is associated with those demons more generally regarded as afflicters of men than the two pure types. In the popular lore Gandharva and Pitṛ are considered relatively more divine than demonic vis-a-vis Yakṣa and Piśāca. The extreme and total disorganization characteristic of Piśāca is consistent with severe frontal lobe personality and behavioral effects and supports a correlative assignment for these disorders. In the case of Yakṣa type, however, the implication of "red tearful eyes" is of a more genuine that "pseudo-" depression. The same

might be the case for Gandharva and Pitṛ type as well.

Su's allusion to "foul smell and gross impurity" (durgandho bhṛṣam aśuciḥ, Su 6.60.15) for Piśāca may imply incontinence, typical of frontal lobe disorder. The reference to thrashing about (atilola) may refer to convulsive epileptic seizure, and bulemia--also indicated --has been associated with rhinencephalic eleptogenic foci. If convulsive seizures are implied, his "predilection for deserted places" may be his attempt to conceal his seizure, a common tendency among epileptics.

> The tendency to conceal one's attacks from the eyes of others is almost instinctive and has changed little since the time of Hippocratic writings" (Blumer 1975b:175).

His severely deteriorated condition condition may thus be attributed to what is frequently described in the older neurological medical literature as "the postparoxysmal or post-epileptic mania or twilight states (postictal psychoses)" (Blumer 1975b:192). Unlike the other schizophrenia-like psychoses associated with epilepsy which were mentioned earlier in this section and might also be a factor, these are infrequently observed with present-day anticonvulsant therapy. In the past, however, many such as John Hughlings Jackson had noted a "persistent deterioration (imbecility), the results of fits repeated for months or years" (Jackson 1958 quoted by Ibid., P.192n.).

Before concluding, we should like to note that Su's description of the Bhujaṅgama type (serpent demon)

also suggests convulsive seizure (i.e. he "moves on the ground like a serpent"), typical psychomotor oral automatisms ("rubs the corner of his mouth with his tongue"), and hypoglycemic condition ("drowsy and desirous of treacle, honey, and the milk-sugar-rice preparation [*pāyasa*]") (Su 6.60.13). Hypoglycemia may precipitate an epileptic seizure (Blumer 1975a:174; Poiré 1969) and bring on a variety of psychiatric symptoms, including irritability, confusion, syncope, hallucinations, and delusions. Symptoms clear following the ingestion of sugar and are thus fully consistent with the Bhujaṅgama type (Kolb 1968:226-7).

Su 6.60.16 may refer to a patient whose syndrome consists of convulsive seizure, i.e. tremors (*kampate ca yo 'ti*), swallowing his own saliva, and dull eyes etc.--the last suggesting a petit mal absence--suffers from a worsening condition, as is also the case for one whose recovery is incomplete after a fall. These further support the probability of neuropsychiatric factors in *āgantu-unmāda* and the *bhūta* disorders.

We should keep in mind, however, that the ayurvedic physician in the first half of the first millenium would have had little concern for the differential diagnosis on the basis of present-day distinctions between affective, schizophrenic, or other functional disorders like those discussed in part B of this section and neurologically based conditions. Both would have been diagnosed according

to the most prominent behavioral and personality features that were most consistent with the stereotyped bhūta types. Because, however, of the ego-alien and the essentially impulsive and episodic nature of āgantu-unmāda, the presently high prevalence rates of epilepsy and eleptogenic factors in India and lesser developed regions generally, and evidence from current research indicating that nonconvulsive forms of epilepsy with clinical manifestations pertinent to the present study are generally more widespread than previously believed, we feel that neuropsychiatric conditions were very likely important--though not the sole factor--in āgantu-unmāda.

V. SUMMARY AND CONCLUSIONS

In our preliminary discussions of unmāda in the non-medical Sanskrit literature, we found that the term is traceable to the oldest strata of canonical writings, the Rig Veda, where it denotes a euphoric and possibly psychotomimetic state induced by soma or other causes. The other vedic saṃhitās refer to a pathological mental condition attributable to divine and demonic agencies and aberrations in the performance of ritual that is more akin to its later usage. We have also suggested that AV 6.111.1 may contain a reference to human sacrifice in which the distraught mental condition of the victim was designated unmāda. The later soteriological systems, including Yoga, Vedānta, Buddhism, etc., frequently emphasized the value of mental tranquility in the context of spiritual attainments in their liberation doctrines and were frequently explicit in citing various undesirable mental states, including unmāda. The dharma śāstras, quasi-legal texts, define the role of the insane person in society with regard to both civil and criminal affairs, and in the texts on polity (nīti śāstra) it was also suggested that the disguise as an insane person had a political function, presumably accruing from social license, for spying or other subterfuge. Insane characters play a principal role in some Sanskrit plays, e.g. Mattavilāsa Prahasana, and temporary insanity is a common motif in various love stories. The Nāṭya Śāstra, a handbook of dramaturgy, regards unmāda as a vyabhicāribhāva, comple-

mentary psychological state, and gives explicit directions for depicting it on stage. Its references to the doṣas also reflect the fact that an awareness of this ayurvedic technical concept was not restricted to the jargon of a small group of physicians, but that it had penetrated the culture at large.

We have reviewed the history of Western scholarship on Āyurveda from the early studies by Wilson on leprosy (kuṣṭha) and the more comprehensive book by Wise in the first half of the 19th century, noting major contributions from scholars such as Jolly, Filliozat, and most recently Meulenbeld. The socalled "pseudo-history" of the ayurvedic tradition has been sketched, noting divergent paths in the lineage of Caraka and Suśruta as well as the fundamental premises of Āyurveda and selected issues pertinent to our study, such as the unique role of karman. We have also reviewed the history of the texts which we have employed, noting that the compilation of Car and Su is believed to have occurred in the first three centuries A.D., AHr at approximately 600 A.D., and AS having evolved from the last to its present form by no later than the 10th century.

From our analysis we have been able to draw some conclusions with regard to the history of medicine in South Asia. While the earliest texts, viz. BhS and Car, maintained the most distinctly "medical" perspective, we observed that certain magical and religious trends, which epic and purāṇa

literature suggest were prevalent in the popular culture, exerted increasingly significant pressures on the medical texts. This is suggested by the transformation of the category of _āgantu-unmāda_--which originally seems to have regarded the _bhūta_ types as abstract nosological parameters--to the emphasis on disorders caused by _bhūtas_ more or less exclusive of the theoretical rubric of _unmāda_. The earlier abstract nature of the _bhūtas_ was clearly superseded by that of fully reified, hypostatic entities, i.e. demons. Furthermore, there was also an elaboration in the description of these demons drawing from the popular culture and an increase in their number in succeeding texts. The distinctly medical view of _karman_ in Car also shifted gradually to conform with the popular tradition in the later texts, such as AS. AHr reflects aspects of both. The dependence of the later texts on Car and Su--often quoting or closely paraphrasing--further suggests a related shift from a clinical to a textual orientation in the later works. The restatement of earlier ideas rendered into verse (AHr) or presented in an improved arrangement (MN) overshadowed attempts at clinical or theoretical innovation, with the exception of some synthesis from foreign sources of therapeutic techniques and diagnostic pulse feeling. This was consistent with an increasingly dominant Indian trend not restricted to the medical literature, in which restatement and commentary were preferred and original thinking was discouraged. It must also be said, however, that this is the manifestation of a vastly different

spirit than that which originally engendered the germ and motivated the development of a once dynamic and innovative ayurvedic medical system.

The main focus of our study has dealt with chapters in the early ayurvedic texts on *unmāda*. We have noted variations and idiosyncracies in the nosology from one text to another, generally with reference to the system outlined in Car which is the most well-developed and most theoretically consistent on this topic. Car discusses endogenous (*nija*) types associated with the three *doṣas* and exogenous (*āgantu*) types with stereotyped personality changes and behaviors associated with supernatural classes of beings (*bhūta*). The latter are dealt with separately in adjacent chapters in the other texts, with the exception of BhS in which the arrangement of Car is followed but without details of the *āgantu* types.

On the basis of the somatic symptoms which are emphasized along with the psychopathology in the three clinical descriptions of the *nija* category, we have suggested that these conditions probably correspond to various organically based disorders, viz. pellagra in the case of *vāta* (wind) disorder, organic brain syndrome with systemic infection such as malaria with liver involvement in the case of *pitta* (bile), and organic brain syndrome with pernicious anemia in the case of the *kapha* (phlegm) disorder. Other possibilities were also discussed.

The *āgantu-unmāda* syndromes involve an intensification and emotional deepening of premorbid personality traits associated with specific classes of *bhūtas* and may correspond to neuroses, borderline states, or psychoses according to their severity. In the Deva and Guru et al. types hyperpious, obsessive-compulsive, and paranoid symptomatology are characteristic suggesting rigid internalized controls, preoccupation with the cultural values, and a psychodynamically significant role for guilt. There are hallucinations, and paranoid schizophrenia has been suggested. The Pitṛ type manifests a passive-dependent personality susceptible to depressive episodes. Gandharva and Yakṣa similarly reflect affective disorders, hypomanic and cyclothymic respectively. The Brahmarākṣasa type is an admixture of pretentious, pious posturings and aggressive hostility directed towards authority figures. The Rākṣasa type is violently antisocial and dangerously psychopathic in the afflicted condition, while the probability of manic-depressive psychosis has been suggested for the Piśāca type. The arrangement of these in Car suggests a successively decreasing capacity for organized social functioning and a decreasing influence of internalized control mechanisms. From a psychoanalytic perspective, we have discussed the psychodynamic significance of obsessive-compulsive, anal personality traits which yield to oral and then phallic narcissistic psychodynamics in the subsequent categories.

The turning inward process suggested by this increasing narcissism is also reflected by the shift from the individual's concern and preoccupation with cultural values in the first two, to sense objects and finally uncontrolled emotional chaos in the last two.

For the agantu- disorders we have also discussed the likelihood of neuropsychiatric pathology, especially temporal lobe epilepsy and possibly frontal lobe disorders, on the basis of the episodic and ego-alien nature of the attacks, other congruence in the clinical patterns, and epidemiological considerations. The symptomatology of Deva and Guru et al. types was compared to the hyperethical-religious aspect of temporal lobe epilepsy, and the Rākṣasa type was compared with the violence-prone aspect. It was suggested that Brahmarākṣasa was an admixture of the two. The Pitṛ type may have corresponded to various ictal and interictal depression states also associated with temporal lobe epilepsy, and we have also discussed the possibility that the pseudodepressed aspect of frontal lobe disorders may be conincident with Pitṛ type. The pseudopsychopathic aspect of frontal lobe disorders was compared with Gandharva type, and the admixture of the pseudodepressed and pseudopsychopathic aspects was compared with both Yakṣa and Piśāca types. The discussion of frontal lobe diagnostic correlates, however, was offered with less confidence than the preceding on temporal lobe epilepsy. In any event, it is probable

that both neuropsychiatric and presently designated functional disorders would both have been diagnosed according to the bhūta types of āgantu-unmāda most consistent with observed psychopathology, regardless of present-day etiologic considerations that remain difficult to distinguish.

At the outset of this study, it was hoped that our analysis of these chapters in early Sanskrit treatises on tropical medicine would also serve to focus our attention on topics germane to present-day research in medical anthropology and psychiatry, neurology, and tropical medicine. In our analysis of Rākṣasa type unmāda we have discussed the influence of cultural determinants in the formation of other culturally specific syndromes such as the better known amuk and piblokto, in which there may be similar underlying pathophysiology. Such consideration of the interaction of bio-physiological and cultural factors in the etiology of culturally specific disorders is consistent with current theoretical premises and the orientation of some research in medical anthropology (Wallace 1972; 1970; Foulks 1972). In our analysis of nija-unmāda, contributions from recent research on the relationship of malnutrition, systemic infection, and parasitic infestation to psychiatric disorders was very useful. Our findings are consistent with the emphasis of this research on a higher than previously suspected correlation of organic and psychiatric conditions in the tropics, and this is also true with regard to current research in

neuropsychiatry which was found to be pertinent to our analysis of āgantu-unmāda. Both are becoming increasingly active fields of inquiry (Hornabrook 1975; Marsden 1975; Maugh 1977; Minners 1977).

Retrospectively, our findings that the parameters of Āyurveda with regard to the topic of unmāda should have been so conceived as to reflect the exigencies of the tropical milieu in which malnutrition and systemic infection continue to remain so prominent seems eminently predictable. Future studies embracing the present methodology will determine to what extent the probable relationships which we have noted between vāta and pellagra, pitta and jaundice, kapha and anemia, as well as the bhūtas and an absence of these three may be generalizable in Āyurveda beyond the psychiatric nosology.

VI. APPENDIXES

APPENDIX 1.

CHARTS AND SUMMARIES

SUMMARY OF THE TEACHINGS OF ĀTREYA PUNARVASU ON UNMĀDA (Car 6.9.4-7)

Primary Cause ⟶ **Predisposing Conditions** ⟶ **Pathologic Process**

Primary Cause

1. Foods (bhojana) which are:
   a. prohibited (viruddha)
   b. spoiled (duṣṭa)
   c. unclean (aśuci)
2. Attack (pradharṣaṇa) of:
   a. gods (deva)
   b. sages (guru)
   c. Brahmans (dvija)

Predisposing Conditions

1. Terror and exhilaration of the stricken mind (bhaya-harṣa-purvc mano'bhighāto)
2. Chaotic mental struggling (viṣamāś ca ceṣṭāḥ)
3. Limited mental clarity (alpa-sattvasya)

Pathologic Process

1. Toxic impurities (mala) pollute the heart, which is the locus of intellectual-judgmental faculty (buddhi).
2. Toxic impurities travel in vessels leading to mind (srota) where they cause confusion (pramohayanti).

↓

UNMĀDA

↓

SYMPTOMS

1. Disordered thinking (dhī-vibhrama)
2. Clouded Consciousness (sattva-pariplava)
3. Confusion (paryākulā)
4. Visual disturbance (adṛṣṭi)
5. Lack of confidence (adhīratā)
6. Indiscriminate speech (abaddha-vāktva)
7. Emptiness in the heart (hṛdayaṃ śunyam)
8. Bewildering thoughts (mūḍha-cetā)
9. Loss of affect, 'neither happy nor sad' (na sukhaṃ na duḥkham)
10. immoral, thus ill at ease (na ācāra-dharmau, kuta eva santiṃ vindati)
11. Wandering about without memory, intellect, or awareness (apāsta-smṛti-buddhi-saṃjño bhramaty ayam)
12. Thoughts fly about (ceta itas-tatas)

VĀTA-UNMĀDA (Car 6.9.9-10, 25)

Primary Causitive Factors → PATHOGENIC WIND: ANILA → Pathology

Primary Causitive Factors

1. Foods (anna) which are:
   a. dry (rukṣa)
   b. insufficient quantity (alpa)
   c. cold (śīta)
2. Purgation (vireka)
3. Decay of bodily elements (dhātu-kṣaya)
4. Fasting (upavāsa)

Pathology

1. Susceptibility to anxiety etc. (cintādi-juṣṭam)
2. Impaired memory and intellect (buddhiṃ smṛtiṃ ca api upahanti)

→ VĀTA-UNMĀDA

Symptoms

1. Inappropriate (asthāna):
   a. laughter (hāsa)
   b. smiling (smita)
   c. dancing (nṛtya)
   d. singing (gīta)
   e. speech (vāc)
   f. waving limbs (aṅga-vikṣepaṇa)
   g. crying (rodana)
2. Ragged apearance (pāruṣya)
3. Emaciation (kārśya)
4. Reddish complexion (aruṇa-varṇatā)
5. Condition severe while digesting food (jīrṇe bala)

→ **Treatment**

1. Unctuous beverage (sneha-pāna)
2. Mild purgative if there is constipation (kuryād āvṛta-mārge tu sasneham mṛdu-śodhanam)

PITTA-UNMĀDA (Car 6.9.11-12, 26-28)

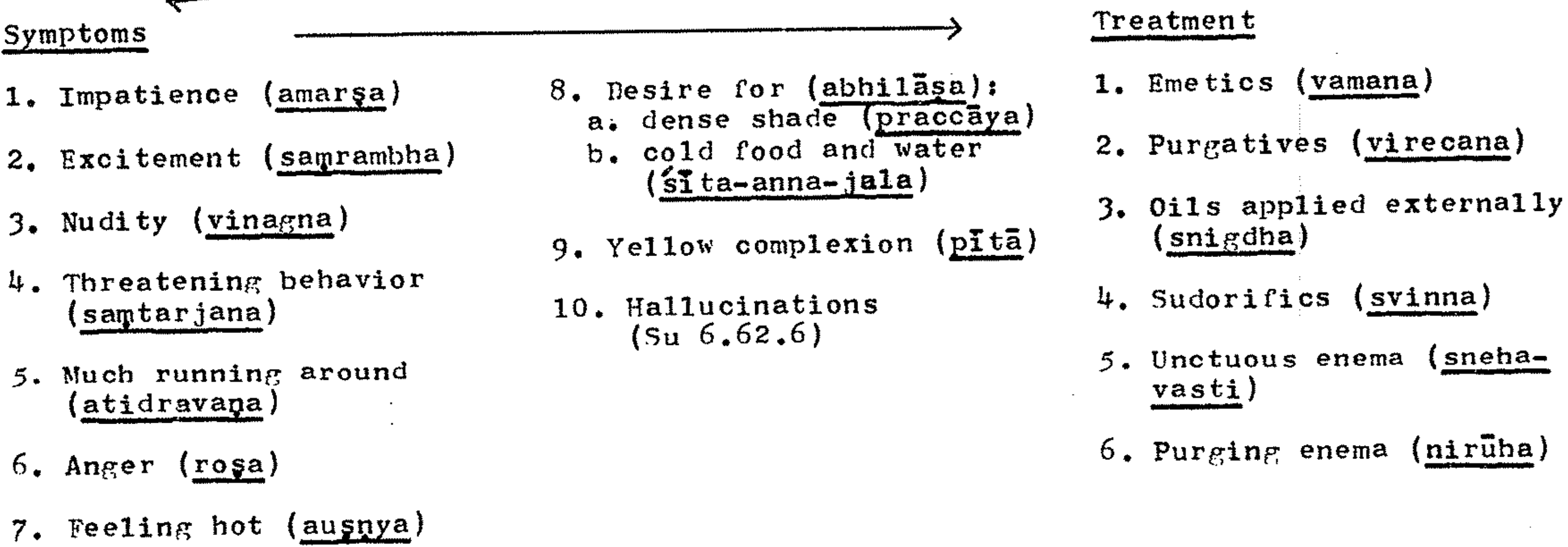
Primary Causitive Factors → **PATHOGENIC BILE: PITTA** → **Pathology**

Primary Causitive Factors

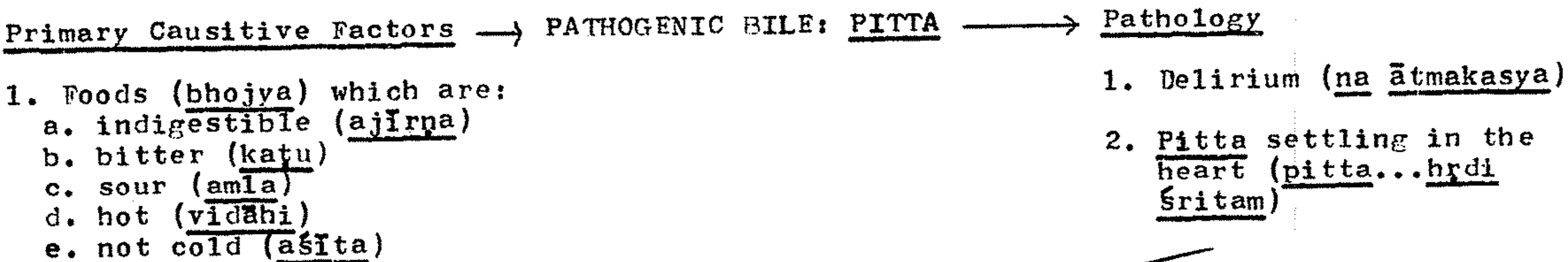
1. Foods (bhojya) which are:
   a. indigestible (ajīrṇa)
   b. bitter (kaṭu)
   c. sour (amla)
   d. hot (vidāhi)
   e. not cold (aśīta)

Pathology

1. Delirium (na ātmakasya)
2. Pitta settling in the heart (pitta...hṛdi śritam)



PITTA-UNMĀDA



Symptoms → **Treatment**

Symptoms

1. Impatience (amarṣa)
2. Excitement (saṃrambha)
3. Nudity (vinagna)
4. Threatening behavior (saṃtarjana)
5. Much running around (atidravaṇa)
6. Anger (roṣa)
7. Feeling hot (auṣṇya)
8. Desire for (abhilāṣa):
   a. dense shade (praccāya)
   b. cold food and water (śīta-anna-jala)
9. Yellow complexion (pītā)
10. Hallucinations (Su 6.62.6)

Treatment

1. Emetics (vamana)
2. Purgatives (virecana)
3. Oils applied externally (snigdha)
4. Sudorifics (svinna)
5. Unctuous enema (sneha-vasti)
6. Purging enema (nirūha)

KAPHA-UNMĀDA (Car 6.9.13-14, 26-28)

Primary Causitive Factor ⟶ PATHOGENIC PHLEGM: KAPHA ⟶ Pathology

Primary Causitive Factor

Activities become sluggish due to fullness in the stomach (saṃpūrnair manda-viceṣṭita)

Pathology

1. Kapha strikes intellect and memory (buddhiṃ smṛtiṃ ca api upahatya)
2. Kapha causes confused thinking (cittaṃ pramohayan)

KAPHA-UNMĀDA

Symptoms ⟶ Treatment

Symptoms

1. Lethargic speech and action (vāk-ceṣṭitaṃ mandam)
2. Loss of appetite (arocaka)
3. Excessive sleeping (atinidrā)
4. Fond of wife and solitude (nārī-vivikta-priyatā)
5. Slobbering (lālā)
6. Sickness with nausea (chardi)
7. Whiteness of nails and other parts (nākhādi-śauklyam)
8. Condition severe when he eats (balaṃ ca bhuṅkte)

Treatment

1. Emetics (vamana)
2. Purgatives (virecana)
3. Oils applied externally (snigdha)
4. Sudorifics (svinna)
5. Unctuous enema (sneha-vasti)
6. Purging enema (nirūha)

WESTERN DIAGNOSTIC CORRELATES OF NIJA-UNMĀDA SUBTYPES

Type of Nija-Unmāda	Western Diagnostic Correlates: Most Likely	Western Diagnostic Correlates: Less Likely
Vāta-unmāda Car 2.7.7.1;6.9.9-10,25; Su 6.62.8; AHr 6.6.6-10; AS 6.9.8.	1. Pellagra 2. Hebephrenic Schizophrenia	Hartnup disease
Pitta-unmāda BhS 2.7.a; Car 2.7.7.2; 6.9.11-12,26; Su 6.62.9; AHr 6.6.10-11; AS 6.9.9.	1. Systemic infection, e.g. malaria, typhoid etc. 2. Hepatitis 3. Alcoholic cirrhosis of the liver 4. Other liver or pancreatic disease	1. Functional psychosis 2. Degenerative liver condition w/ schizophrenia 3. Hemolytic anemia w/ jaundice 4. Wernicke's encephalopathy 5. Wilson's disease
Kapha-unmāda BhS 2.7.b-e; Car 2.7.7.3; 6.9.13-14,26; Su 6.62.10; AHr 6.6.12-13; AS 6.9.10.	Megaloblastic anemia with associated digestive disturbances: a. pernicious anemia b. anemia from infection or parasitic infestation	1. Arteriosclerosis 2. Scurvy 3. Wernicke's encephalopathy

SUMMARY OF ĀGANTU-UNMĀDA SUBTYPES

Type	Traditional Mythology	Premorbid Personality (Car 6.9.21; AS 6.7.11-15)	Symptoms (Car 6.9.20)	Onset (Car 2.7.12; AS 6.7.10)	Other Pertinent Passages
Deva	divine & authoritative; gods as heavenly or shining ones	pure, experienced in austerities & studies; moral, dressed in white	placid gaze, serious, unapproachable, dispassionate, not desiring sleep or food, little sweat, urine, feces, nice odor, lotus blossom face	paranoid delusion or hallucination, 'causing to notice'	Su6.60.8; AHr6.4.13-15;AS6.7.17-18
Guru et al.	teachers, elders, accomplished ones & seers; authority figures, pillars of culture	devoted to bathing, purity, solitude; versed in scriptures; poetry	behavior, diet, & speech reflects curse	auditory hallucination; 'by curse'	AHr 6.4.43;AS6.7.32
Pitṛ	deceased ancestors, either personal or at large	devoted to mother, father, teachers, elders etc.	dull gaze, undiscerning, sleeps much, hostile speech, pica, inappetance, indigestion	visual hallucination; 'making them see'	Su6.60.12; AHr6.4.41-42;AS6.7.31

Type	Traditional Mythology	Premorbid Personality (Car 6.9.21; AS 6.7.11-15)	Symptoms (Car 6.9.20)	Onset (Car 2.7.12; AS 6.7.10)	Other Pertinent Passages
Gandharva	assoc'd w/ soma, moon, mental disorder, love, & gambling in Vedic times; later a class of celestial musicians	likes panegyrics, singing, music instru's, another's wife, pleasant fragrances, garlands; pure conduct	(passionate, impetuous, serious...), fond of music, mouth instru's, dance, food, drink, bathing, red clothes & derision of ritual	tactile hallucination; 'by touching'	Su6.60.10; AHr6.4.18-19; AS6.7.20
Yakṣa	benevolent or malevolent according to context; at interface of divine & demonic; ruins offerings to Pitṛs	intelligent, strong, comely, proud; fond of garlands, oils, humor; talks too much	sleeping, crying, laughing, fond of dance, song, music instru's, texts, stories, food, drink, etc.; red tearful eyes; berates priests & physicians; tells secrets	coenesthetic hallucination; 'by taking possession'	Su6.60.11; AHr6.4.22-24; AS6.7.22

Type	Traditional Mythology	Premorbid Personality (Car 6.9.21; AS 6.7.11-15)	Symptoms (Car 6.9.20)	Onset (Car 2.7.12; AS 6.7.10)	Other Pertinent Passages
Brahmarākṣasa	ghost of unholy Brahman; also known as Brahmapiśāca	aversion to scriptures, austerities, discipline, etc.; either fallen Brahman or claims high station; sports about in temple waters	loud laughter, dancing; hates gods, sages, & physicians; recites scriptures etc. & injures himself	-	AHr6.4.24-26;AS6.7.24
Rākṣasa	evil, malevolent, ferocious, sharp teeth, ruins ancestral rites but worships Pitṛs	lacking mental clarity, slanderous, lusting for women, deceitful; obnoxious, enjoys drinking; querulous, eats much	disturbed sleep, averse to food & water, strong, fond of knives, blood, meat; threatening	olfactory hallucination; 'causes one to smell raw flesh'	Su6.60.14; AHr6.4.27-29;AS 6.7.25
Piśāca	most evil & malevolent; assoc'd w/ deserted houses, waters, roads, & trees	lacking mental clarity, slanderous, lusting for women, deceitful; a braggart, gives false testimony, causes pain to another	abnormal thinking, no propriety, dances, sings, laughs, chatters unrestrained; steps in filth, nudity, runs about aimlessly, laments sorrows, can't remember	coenesthetic hallucination and/or delusion; 'they mount his back making him see'	Su6.60.15; AHr6.4.30-34;AS6.7.26

WESTERN DIAGNOSTIC CORRELATES OF ĀGANTU-UNMĀDA

Bhūta Type	Functional Considerations: Premorbid	Functional Considerations: Afflicted	Neuropsychiatric Considerations
Deva	obsessive-compulsive, anal retentive personality	paranoid schizophrenia w/pronounced grandiose ideation	Temporal lobe epilepsy (TLE), hyper-religious aspect
Guru et al.	"	paranoid schizophrenia w/pronounced persecutory ideation	"
Pitṛ	passive-dependent personality	depression	TLE w/ictal or interictal depression; or frontal lobe disorder (FL), pseudodepressed aspect
Gandharva	hypomanic personality; oral narcissism	mania	FL, pseudo-psychopathic aspect
Yakṣa	cyclothymic personality	manic-depressive disorder	FL, admixture of pseudodepressed and pseudo-psychopathic aspects
Brahmarākṣasa	schizophrenic personality; phallic narcissism	paranoid schizophrenia	TLE, admixture of hyper-religious and violence-prone aspects
Rākṣasa	antisocial personality; severe phallic narcissism	psychopathy	TLE, violence-prone aspect
Pisāca	"	manic-depressive psychosis	TLE, postictal psychosis; or FL, admixture

LUNAR PARTS ASSOCIATED WITH BHŪTAS

Bhūta Type	Car 6.9. 21	Su 6.60. 17-18	AHr 6.4. 9-12	AS 6.7. 11-15
Deva	13,15 (br)	f	1,13 (br)	1,13,14,f (br)
Guru et al.	6,9	-	du	6,9
Asura (Deva Śatru, Dānava)	-	du	13(br), 12(dk)	12(dk), du
Pitṛ	10,n	br	10,n	10,n
Gandharva	12,14	8	14	4,8,12,14
Yakṣa	11,7(br)	1(dk)	7,11	7,11(br)
Brahmarākṣasa	5(br),f	-	8,5,f	5,8,f,du
Bhujaṅgama (Uraga, Nāga)	-	5	12,5	5(du)
Rakṣas-Piśāca (Rākṣasa-Piśāca)	2,3,8			2,3,8
Rākṣasa (Rakṣas)		dk (or nt)	dk,9,12, f,n	9,11(dk)
Piśāca		14	11	14

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f - full moon day
n - new moon day
br - bright fortnight
dk - dark fortnight
du - dusk and possibly dawn
nt - night
() - preceding lunar part(s) explicitly associated with br, dk, or du as indicated

APPENDIX 2.

PRIMARY SANSKRIT SOURCES

BHELA SAṂHITĀ 2.7*

... [lacuna]

(śleṣmonmādaḥ /)

a. gītāni bhajate nityaṃ pittonmādanipīditam //

b. yassadā śleṣmalo jaṃtuḥ śleṣmalaṃ bhajate 'śanam /
sevate ca divā svapnaṃ tasya śleṣmā pravardhate //

c. sa vṛddha ūrdhvaṃ hṛdayadnṛhitvā dhamanīrdaśa /
ruddhvā cetovahaṃ mārgaṃ saṃjñāṃ bhraṃśayate tataḥ //

d. sa bhraṣṭasaṃjnaḥ puruṣaḥ tāni tāni viceṣṭate /
gāyan nṛtyati caikatra hasatyatha ca roditi //

e. ekatrāste vinā lokaṃ śitecāpi jaḍo yathā /
janaṃ viṣayate cāpi śleṣmonmadī pumāniha //

(sannipātonmādaḥ /)

f. yastvetat satva(sarva)m aśnāti yathoktaṃ doṣakopanam /
sannipātāt tathonmādaṃ sarvaliṅgaṃ sa ṛcchati //

g. sa yathā dhananāśena maraṇena priyasya vā /
atha (tathā) cintayate tasya saṃjnā bhraśyati cintayā //

h. duḥkhe(na) saṃjño(jñā)bhraṣṭo hi prakṛtiṃ puna ṛcchati /
sa cintayati yān bhāvān tāni vipralapatyatha /

i. āgantuṃ pañcamaṃ vidyādityunmādaṃ śarīriṇām //

j. sarvānetān vijānīyād unmādānacikitsitān /
(śarīradoṣa-svabhāva /)
evaṃ śarīrajā dosāḥ śarīre paryavasthitāḥ //

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* Text from Bhela 1921:62-3; parenthetical emendations are from the printed edition. In some cases, where superfluous, they are not reproduced here.

BhS 2.7

k. śarīrameva hiṃsanti pāvakaḥ svabhivāśrayam /

(uktadoṣaparihāropāyaḥ /)

sa(na)hi sattvāni hiṃsanti na piśāca na rākṣasāḥ //

l. dev(ā)stathā dharmaśīlā madhyasthā manujān prati /

m. vamanairecanairyukto nirūpe(haiḥ) cānuvāmanaiḥ //

na jātu dāruṇān rogān unmādān prāpnuyānnaraḥ /

col. ityāha bhagavānātreyaḥ /

iti bhele nidāne saptamo 'dhyāyaḥ //

BHELA SAṂHITĀ 6.8*

Athāta unmādacikitsitaṃ vyākhyāsyāma iti
ha smāha bhagavānātreyaḥ /

1. pañconmādāssamākhyātā nidāneṣu savistarāḥ /
saliṅgāsasamuthā(tthā)nāḥ śṛṇu teṣāṃ cikitsitam //

2. saṃvṛddhādyendriyāṇāṃ hi teṣāmapi viceṣṭitam /
śirastālvantaragataṃ sarvendriyaparaṃ manaḥ //

3. tatrasthaṃ taddhi viṣayānindriyāṇāṃ rasādikān /
samīpastā(sthā)nvijānāti trīn bhāvāṃśca niyacchati //

a. va(ma)ma(na)na(saḥ)prabhavaṃ cāpi sarvendriyamayaṃ balam /

b. kāranaṃ sarvabuddhīnāṃ cittaṃ hrdayasaṃśritam /

c. kriyānāṃ cetarāsāṃ ca cittaṃ sarvasya kāraṇam /

d. sucittā satpathaṃ yānti duścittāstu vimārgagāḥ /

e. ki(vi)ditaṃ manasā cittamālambho labhyate tataḥ /

f. tato buddhiḥ prabhavati kāryākāryavicāra(ri)kā /

g. śubhāśubhaṃ hi ku(kā)ryānāṃ bodhanam buddhirisyate /

h. bodhanāccāpi bodhyasya ka(na)ro buddha ihocyate /

i. sā buddhiḥ paramātmā ca śasarīre prakīrtitaḥ /

j. yathā kṛti(tī) karmakaraiḥ kriyāṃ yojayate nṛṣu /

k. manasaścittabuddhīnāṃ sthānānyetāni karma ca /

l. (manaścittādidoṣa nimittam /)

m. sandūṣitānāṃ teṣāṃ tu śṛṇu hetumataḥ param /

n. ūrdhvaṃ prakupitā doṣāḥ śirastālvantare sthitāḥ /

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* Text from Bhela 1921:149-52.

BhS 6.8

o. mana(ḥ)sā(saṃ)dūṣayantyāśu [manas ādūṣayantyāśu]
tataścittaṃ vipadyate /

p. cittavyāpadamāpanne buddhirnāśaṃ niya(ga)cchati /

q. tatastu buddhivyāpattu(ttau) kāryākāryaṃ na buddhyate /

r. evaṃ pravartate vyādhirunmādo nāma dāruṇaḥ /

s. (madonmādayorviśeṣaḥ /)

t. tasmādviśeṣaṃ vakṣyāmi hyan[un]mādamadayorapi /

u. śokātkopāttathā harṣāt dravyānāṃ ca vināśanāt /

v. calite cittamanasi madamāśu nigacchati /

w. pradhyāyati prasvapiti roditi hānimittataḥ /

x. hasatyakasmā(t) nidrāśuralpavānni(nni)tyamutsukaḥ/

y. trastaśśarīra(re)dīnākṣidrodhano nirapatraka(pa)ḥ /

z. purastādavalokī ca na yathāvṛtta eva ca /

a'. paruṣatvaṃ ta(ya)thālomā(ma)māvilaṃ cakṣusorapi /

b'. etāni yasya rūpāṇi sa mado nāma kīrtitaḥ /

c'. vivardhamānastu sa mada unmādatvam niya(ga)cchati /

d'. savātikāni rūpāṇi śleṣmapittodbhavāni ca /

e'. unmādaḥ(de) śrū(bru)yate dhīraiḥ(rāḥ) sannipātātmikāni
ca /

f'. etallakṣaṇamuddiṣṭamunmādasya niruktataḥ /

g'. (apasmāracikitsitenaivonmādasyāpi cikitsā /)

h'. nidāne pūrvamuddiṣṭaṃ sṛṇu teṣāṃ cikitsitam /

i'. snehitaṃ svai(sve)ri(di)taṃ caiva yojayet pañcakarmanā /

j'. dādhikaṃ vā pibetsarpistailaṃ śairi(rī)ṣameva vā /

k'. śatapākaṃ balātailaṃ mahāpaiśācikaṃ ghṛtam /

BhS 6.8

l'. dādhikaṃ ca mahākṣāram unmattaśśīlayetsadā /

m'. yaccikitsitamākhyātam apasmāravināśanam /

n'. tadeva sarvaṃ nikhilam unmādeṣvavacārayet /

o'. (kaśāghātādibhirunmādino vitrāsanāvaśyakatā[thā]) /

p'. ghātayettaṃ kacā(śa)bhiśca bhīṣayettāḍayettathā /

q'. gajenapyathavāśvena trāsayetpannagena vā /

r'. punastṛṇāgninā vāpi sarvatassa(sta)mavākiret /

s'. avatī(kī)ryāthavā 'ṅgārai(ḥ) pradīpta(ptaiḥ) paribhadrakaiḥ /

t'. prayuktaṃ śītalenaiva jalevābhyukṣayet punaḥ /

u'. prasārayedvā 'sarite saraṇe vā nirodhayet /

v'. bubhukṣayā śoṣayedvā ro(ko ')pi prakṣipya mānavaḥ /

w'. apūrvā bhi(bhī)sayeyustaṃ puruṣāḥ śastrapāṇayaḥ /

x'. vijrā(trā)śa(sa)yeyurvaidyāstraṃ(stam) trāsanaistu pṛthagvidhaiḥ /

y'. trāsāstīvrā hi kurvanti cittasya vikṛtiṃ bhayāt /

z'. bhayameva tu cittasya sthānavā(hā)narthamucyate /

a''. praksiptavitto vicaret trāsyamānopa(pi) śastraśaḥ(taḥ) /

b''. kumārabimbānugataḥ tamasārdh[th]aṃ vinirdiset(?) /

c''. vamanādibhirunmādacikitsā /

d''. pa(va)manāñjananasyaiśca kṣāraiḥ kṣāragadairapi /

e''. proktairapasmāraharairunmādaṃ samupācarena /

f''. purāṇaṃ pāyayeccainaṃ sarpirunmādanāśanam /

g''. sthitaṃ varṣaśataṃ śreṣṭhaṃ kumbhasarpistaducyate /

h''. pānābhyañjananasyeṣu vātamunmādināṃ yati(di) /

BhS 6.8

i''. kāñjakaṃ laśunaṃ caiva vastamūtreṇa peṣayet /

j''. unmādināṃ prayogo 'yaṃ purāṇaghṛtasaṃyutam(ḥ) /

k''. etāḥ kriyāḥ prayuñjīta vaidyaḥ kāyacikitsakaḥ /

l''. caṃ-(ḍa)[candra]karmāṇi homāṃśca kuryādvā(dbhū)ta-
cikitsakaḥ /

m''. iṣṭayaḥ śāntikarmāṇi hemā svasya[ā]yanāni ca /

n''. vedoktāḥ karmavidhayaḥ kāryāśconmādanāśanā(ḥ) //

col. ityāha bhagavānātreyaḥ/
iti bhele cikitsite 'ṣṭamo 'dhyāyaḥ //

CARAKA SAMHITA 2.7*

1. athāta unmādanidānaṃ vyākhyāsyāmaḥ //

2. iti ha smāha bhagavānātreyaḥ //

3. iha khalu pañconmādā bhavanti, tadyathā--vātapitta-kaphasannipātāgantunimittāḥ /

4. tatra doṣanimittāścatvāraḥ puruṣānāmevaṃvidhānāṃ kṣipramabhinirvartante, tadyathā--bhīrūṇāmupakliṣṭa-sattvānāmutsannadoṣāṇāṃ samalavikṛtopahitānyanucitāny-āhārajātāni vaiṣamyayuktenopayogavidhinopayuñjānānāṃ tantraprayogamapi viṣamamācaratāmanyāśca śarīraceṣṭā viṣamāḥ samācaratāmatyupakṣīṇadehānāṃ vyādhivega-samudbhramitānāmupahatamanasāṃ vā kāmakrodhalobha-harṣabhayamohāyāsaśokacintodvegādibhirbhūyo 'bhighāta-abhyāhatānāṃ vā manasyupahate budhau ca pracalitāyām abhyu[1]dīrṇā dosāḥ prakupitā hṛdayamupasṛtya manovahāni srotāṃsyāvṛtya janayantyunmādam //

5. unmādaṃ punarmanobuddhisaṃjñājñānasmṛtibhaktiśīla-ceṣṭācāravibh[2]ramaṃ vidyāt //

6. tasyemāni pūrvarūpāṇi; tadyathā--śirasaḥ śūnyatā, cakṣuṣorāku[3]latā, svanaḥ karṇayoḥ, ucchvāsasyādhikyam, āsyasaṃsravaṇam, anannābhilāṣārocakāvipākāḥ, hṛdgrahaḥ, dhyānāyāsasaṃmohodvegāścāsthāne, satataṃ lomaharṣaḥ, jvaraścābhīkṣṇaṃ, unmattacittatvam, u[4]darditvam, arditākṛtidaraṇaṃ ca vyādheḥ, svapne cābhīkṣṇaṃ

* Text from Caraka Saṃhitā 1969: Vol. 1, Pp. 527-35.

darśanaṃ bhrāntacalitānavasthitānāṃ rūpāṇāmapraśastānāṃ ca tilapīḍakacakrādhirohaṇaṃ vātakuṇḍalikābhiś-conmathanaṃ nimajjanaṃ ca kaluṣāṇāmambhasāmāvarte cakṣuṣoścāpasarpaṇamiti (doṣanimittānāmunmādānāṃ pūrvarūpāṇi bhavanti) //

7.1 tato 'nantaramevamunmādābhinirvṛttireva / tatredam unmādaviśeṣavijñānaṃ bhavati, tadyathā--parisaraṇam ajasram, akṣibhruvauṣṭhāṃsahanvagrahastapādāṅga-vikṣepaṇamakasmāt, satatamaniyatānāṃ ca girāmutsargaḥ, phenāgamanamāsyāt, abhīkṣṇaṃ smitahasitanṛtyagīta-vāditrasaṃprayogāścasthāne, vīṇāvaṃśaśaṅkhaśamyātāla-śabdānukaraṇamasāmnā, yānamayānaiḥ, alaṅkaraṇam-analaṅkārikairdravyaiḥ, lobhaścābhyavahāryeṣvalabdheṣu, labdheṣu cāvamānastīvraṃ[5] mātsaryaṃ ca, kārśyaṃ, pāruṣyam, utpiṇḍitāruṇākṣatā, vātopaśayaviparyasād anupaśayatā ca, iti vātonmādaliṅgāni bhavanti,

7.2 amarṣaḥ, krodhaḥ, saṃrambhaścāsthāne, śastraloṣṭa-kaśākāṣṭhamuṣṭibhirabhihananaṃ sveṣāṃ pareṣāṃ vā, abhidravaṇaṃ, pracchāyaśītodakānnābhilāṣaḥ, saṃtāpaś cātivelaṃ, tāmraharitaharidrasaṃrabdhākṣatā[6], pittopaśayaviparyāsādanupaśayatā ca, iti pittonmāda-liṅgāni bhavanti,

7.3 sthānamekadeśe, tūṣṇīmbhāvaḥ, alpaśaścaṅkramaṇam, lālāśiṅghāṇakasravaṇam, anannābhilāṣaḥ, rahaskāmatā, bībhatsatvaṃ, śaucadveṣaḥ, svapnanityatā, śvayathur

ānane, śuklastimitamalopadigdhākṣatvaṃ, śleṣmopaśayaviparyasādanupaśayatā ca, iti śleṣmonmādaliṅgāni bhavanti,

7.4 tridoṣaliṅgasannipāte tu sannipātikaṃ vidyāt, tamasādhyamācakṣate kuśalāḥ //

8. sādhyānāṃ tu trayāṇāṃ sādhanāni--snehasvedavamanavirecanāsthāpanānuvāsanopaśamananastaḥkarmadhūmadhūpanāñjanāvapīḍapradhamanābhyaṅgapradehapariṣekānulepanavadhabandhanāvarodhanavitrāsanavismāpanavismāraṇāpatarpaṇasirāvyadhanāni, bhojanavidhānaṃ ca yathāsvaṃ yuktyā, yaccānyadapi kiṃcinnidānaviparitam auṣadhaṃ kāryaṃ tadapi syāditi //

9. bhavati cātra--

unmādān doṣajān sādhyān sādhayedbhiṣaguttamaḥ /
anena vidhiyuktena kurmanā yat prakīrtitam //

10. yastu doṣanimittebhya unmādebhyaḥ samutthānapūrvarūpaliṅgavedanopaśayaviśeṣasamanvito bhavatyunmādas tamāgantukamacakṣate / kecit punaḥ pūrvakṛtaṃ karmāpraśastamicchanti tasya nimittam / tasya ca hetuḥ prajñāparādha eveti bhagavān punarvasurātreyaḥ / prajñāparādhāddhyayaṃ devarṣipitṛgandharvayakṣarākṣasapiśācaguruvṛddhasiddhācāryapūjyānavamatyāhitānyācarati, anyadvā kiṃcidevaṃvidhaṃ karmāpraśastamārabhate; tamātmanā hatamupaghnanto devādayaḥ kurvantyunmattam //

Car 2.7

11. tatra devādiprakopanimittenāgantukonmādena puraskṛtasyemāni pūrvarūpāṇi bhavanti; tadyathā--devagobrāhmaṇatapasvināṃ hiṃsārucitvaṃ, kopanatvaṃ, nṛśaṃsābhiprāyatā, aratiḥ, ojovarṇacchāyābalavapuṣām upataptiḥ, svapne ca devādibhirabhibhartsanaṃ pravartanaṃ ceti[7], tato 'nantaramunmādābhinirvṛttiḥ //

12. tatrāyamunmādakarāṇāṃ bhūtānāmunmādayiṣyatāmārambhaviśeṣo bhavati; tadyathā--avalokayanto devā janayanty unmādaṃ, guruvṛddhasiddhamaharṣayo 'bhiśapantaḥ, pitaro darśayantaḥ, spṛśanto gandharvaḥ, samāviśanto yakṣāḥ, rākṣasāstvāmagandhamāghrāpayantaḥ, piśācaḥ punarāruhya vāhayantaḥ //

13. tasyemāni rūpāṇi bhavanti; tadyathā--atyātma[8]balavīryapauruṣaparākramagrahaṇadhāraṇasmaraṇajñānavacanavijñānāni, aniyataśconmādakālaḥ //

14. unmādayiṣyatāmapi khalu devarṣipitṛgandharvayakṣarākṣasapiśācānāṃ guruvṛddhasiddhānāṃ vā eṣvantareṣv abhigamanīyāḥ puruṣā bhavanti; tadyathā--pāpasya karmaṇaḥ samārambhe, pūrvakṛtasya vā karmaṇaḥ pariṇāmakāle, ekasya vā śūnyagṛhavāse catuṣpathādhiṣṭhāne vā, sandhyāvelāyāmaprayatabhāve vā parvasandhiṣu vā mithunobhāve, rajasvalābhigamane vā, vigune vā 'dhyayanabalimaṅgalahomaprayoge, niyamavratabrahmacaryabhaṅge vā, mahāhave vā, deśakulapuravināśe vā, mahāgrahopagamane vā, striyā vā prajananakāle,

vividhabhūtāśubhāśucisparśane vā, vamanavirecanarudhirāsrāve[9], aśucerapraryatasya vā caityadevāyatanābhigamane vā māṃsamadhutilaguḍamadyocchiṣṭa vā, digvāsasi vā, niśi nagaranigamacatuṣpathopavanaśmaśānāghātanābhigamane vā dvijagurusurayatipūjyābhidharṣaṇe vā, dharmākhyānavyatikrame vā, anyasya vā karmaṇo 'praśastasyārambhe, ityabhighātakālā vyākhyātā bhavanti //

15. trividhaṃ tu khalūnmādakarāṇāṃ bhūtānāmunmādane prayojanaṃ bhavati; tadyathā--hiṃsā, ratiḥ, abhyarcanaṃ ceti / teṣāṃ taṃ prayojanaviśeṣamunmattācāraviśeṣalakṣaṇairvidyāt / tatra hiṃsārthinonmādyamāno[10] 'gniṃ praviśati, apsu nimajjati, sthalācchvabhre vā patati, śastrakaśākāṣṭhaloṣṭamuṣṭibhirhantyātmānam, anyacca prāṇavadhārthamārabhate kiñcit, tamasādhyaṃ vidyāt; sādhyau punardvāvitarau //

16. tayoḥ sādhanāni--mantrauṣadhimaṇimaṅgalabalyupahārahomaniyamavrataprāyaścittopavāsasvastyayanapraṇipātagamanādīni //

17. evamete pañconmādā vyākhyātā bhavanti //

18. te tu khalu nijāgantuviśeṣeṇa sādhyāsādhyaviśeṣeṇa ca pravibhajyamānāḥ pañca santo dvāveva bhavataḥ / tau ca parasparamanubadhnītaḥ kadācidyathoktahetusaṃsargāt / tayoḥ saṃsṛṣṭameva pūrvarūpaṃ bhavati, saṃsṛṣṭameva ca liṅgam / tatrāsādhyasaṃyogaṃ sādhyāsādhyasaṃyogaṃ cāsādhyaṃ vidyāt, sādhyaṃ tu sādhyasaṃyogam / tasya

Car 2.7

sādhanaṃ sādhanasaṃyogameva vidyāditi //

19. bhavanti cātra--

naiva devā na gandharvā na piśāca na rākṣasāḥ /

na cānye svayamakliṣṭamupakliśnanti mānavam //

20. ye tvenam anuvartante kliśyamānaṃ svakarmaṇā /

na sa taddhetukaḥ kleśo na[11] hyasti kṛtakṛtyatā //

21. prajñāparādhāt sambhūte vyādhau karmaja ātmanaḥ /

nābhiśaṃsed budho devān na pitṝn nāpi rākṣasān //

22. ātmānameva manyeta kartāraṃ sukhaduḥkhayoḥ /

tasmācchreyaskaram mārgaṃ pratipadyeta no traset //

23. devādināmapacitirhitānāṃ copasevanam /

te ca tebhyo virodhaśca[12] sarvamāyattamātmani //

24. saṃkhyā nimittaṃ [13]prāgrūpaṃ lakṣaṇaṃ sādhyatāṃ na ca /

unmādānāṃ nidāne 'smin kriyāsūtraṃ ca bhāṣitam //

col. ityagniveśakṛte tantre carakapratisaṃskṛte

nidānasthāne unmādanidānaṃ nāma saptamo 'dhyāyaḥ //

Notes:

1. 'atyudīrṇatvāddoṣāḥ prakupitāḥ' iti yo. /

2. '°vibhraṃśam' iti yo. /

3. 'cakṣuṣoścāsvacchatā' ga. /

4. ayaṃ pāthaścakrasaṃmataḥ, gaṅgādharastu 'arditākṛti-

karaṇamunmarditatvaṃ ca' iti paṭhati /

5. 'tīvratvaṃ' yo. /

6. '°stabdhākṣatā' ga. /

Car 2.7

Notes (cont.)

7. 'cetyāgantunimittonmādasya pūrvaṇi bhavanti' ga. /

8. 'amartyavīryapauruṣaparākramajñānavacanavijñānāni' iti pā. /

9. '°rudhirasrāvāśuceḥ' ha. /

10. 'hiṃsārthamunmādyamānaḥ' iti pā. /

11. 'na hyanyakṛtakṛtyatā' iti, 'na hyasya kṛtakṛtyatā' iti ca pā. /

12. 'te ca tebhyo 'virodhaśca', iti 'na ca tebhyo virodhaśca' iti ca pāthāntaradvayamatropalabhyate /

13. 'vividhaṃ' pā. /

CARAKA SAṂHITĀ 6.9*

1. athāta unmādacikitsitaṃ vyākhyāsyāmaḥ //

2. iti ha smāha bhagavānātreyaḥ //

3. budhismṛtijñānataponivāsaḥ punarvasuḥ prāṇabhṛtāṃ śaraṇyaḥ /
unmādahetvākṛtibheṣajāni kāle 'gniveśāya śaśaṃsa pṛṣṭaḥ //

4. viruddhaduṣṭāśucibhojanāni pradharṣaṇaṃ devagurudvijānām /
unmādaheturbhayaharṣapūrvo mano 'bhighāto viṣamāśca ceṣṭāḥ //

5. tairalpasattvasya malāḥ praduṣṭā buddhenivāsaṃ hṛdayaṃ pradūṣya /
srotāṃsyadhiṣṭhāya manovahāni pramohayantyāśu narasya cetaḥ //

6. dhīvibhramaḥ sattvapariplavaśca paryākulā dṛṣṭiradhīratā ca /
abaddhavāktvaṃ hṛdayaṃ ca śūnyaṃ sāmānyamunmādagadasya liṅgam //

7. sa mūḍhacetā na sukhaṃ na duḥkhaṃ nācāradharmau kuta eva śāntim /
vindatyapāstasmṛtibuddhisaṃjño bhramatyayaṃ ceta itastataśca //

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* Text from Caraka Sambita 1969: Vol. 2, Pp. 251-70.

Car 6.9

8. samudbhramaṃ budhimanaḥsmṛtīnāmunmādamāgantunijottham
āhuḥ /
tasyodbhavaṃ pañcavidhaṃ pṛthak tu vakṣyāmi liṅgāni
cikitsitaṃ ca //

9. rūkṣālpaśītānnavirekadhātukṣayopavāsairanilo 'tivṛdhaḥ /
[1]cintādijuṣṭaṃ hṛdayaṃ pradūṣya budhiṃ smṛtiṃ capyupa-
hanti śīghram //

10. hānahāsasmitanṛtyagītavāgaṅgavikṣepaṇarodanāni /
pāruṣyakārśyāruṇavarṇatāśca jīrṇe balaṃ cānilajasya
rūpam //

11. ajīrṇakaṭvamlavidāhyaśītairbhojyaiścittaṃ
pittamudīrṇavegam /
unmādamatyugramanātmakasya hṛdi śritaṃ pūrvavadāśu
kuryāt //

12. amarṣasaṃrambhavinagnabhāvāḥ saṃtarjanāti[2]dravaṇauṣṇya-
roṣāḥ /
pracchāyaśītānnajalābhilāṣāḥ pītā ca bhāḥ
pittakṛtasya liṅgam //

13. saṃpūraṇairmandaviceṣṭitasya soṣmā kapho marmaṇi
saṃpravṛddhaḥ /
budhiṃ smṛtiṃ cāpyupahatya cittaṃ pramohayan saṃ-
janayedvikāram //

14. vākceṣṭitaṃ mandamarocakaśca nārīviviktapriyatā
'tinidrā /
chardiśca lālā ca balaṃ ca bhuṅkte nakhādiśauklyaṃ

ca kaphātmakasya //

15. yaḥ sannipātaprabhavo 'tighoraḥ sarvaiḥ samastaiḥ sa ca hetubhiḥ syāt /
sarvāṇi rūpāṇi bibharti tādṛgviruddhabhaiṣajyavidhir vivarjyaḥ //

16. devarṣigandharvapiśācayakṣarakṣaḥpitṝṇāmabhidharṣaṇāni /
āgantuheturniyamavratādi mithyākṛtaṃ karma ca pūrvadehe //

17. amartyavāgvikramavīryaceṣṭo jñānādivijñānabalādibhiryaḥ/
unmādakālo 'niyataśca yasya bhūtotthamunmādamudāharettam //

18. adūṣayantaḥ puruṣasya dehaṃ devādayaḥ svaistu guṇaprabhāvaiḥ /
viśantyadṛśyāstarasā yathaiva cchāyātapau darpaṇasūryakāntau //

19. āghātakālo hi sa pūrvarūpaḥ prokto nidāne 'tha surādibhiśca /
unmādarūpāṇi pṛthaṅnibodha kālaṃ ca gamyān puruṣāṃśca teṣām //

20.1 tadyathā--saumyadṛṣṭiṃ gambhīramadhṛṣyamakopanam asvapnabhojanābhilāṣiṇamalpasvedamūtrapurīṣavātaṃ śubhagandhaṃ phullapadmavadanamiti devonmattaṃ vidyāt;

20.2 guruvṛddhasiddharṣīṇāmabhiśāpābhicārābhidhyānānurūpaceṣṭhāhāravyāhāraṃ tairunmattaṃ vidyāt;

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20.3 aprasannadṛṣṭimapaśyantaṃ nidrāluṃ pratihatavācam
anannābhilāṣamarocakāvipākaparītaṃ ca pitṛbhirunmattaṃ
vidyāt;

20.4 (caṇḍaṃ[4] sāhasikaṃ tīkṣṇaṃ gambhīramadhṛṣyaṃ)
mukhavādyanṛtyagītānnapānasnānamālyadhūpagandharatiṃ
raktavastrabalikarmahāsyakathānuyogapriyaṃ śubha-
gandhaṃ ca gandharvonmattaṃ vidyāt;

20.5 asakṛtsvapnarodanahāsyaṃ[5] nṛtyagītavādyapāṭhakathānna-
pānasnānamālyadhūpagandharatiṃ raktaviplutākṣaṃ
dvijātivaidyaparivādinaṃ rahasyabhāṣiṇaṃ ca yakṣonmattaṃ
vidyāt;

20.6 naṣṭanidramannapānadveṣiṇam anāhāramapyatibalinaṃ
śastraśoṇitamāṃsaraktamālyābhilāṣiṇaṃ saṃtarjakaṃ ca
rākṣasonmattaṃ vidyāt;

20.7 prahāsanṛtyapradhānaṃ devavipravaidyadveṣāvajñābhiḥ
stutivedamantraśāstrodāharaṇaiḥ kāṣṭhādibhirātma-
pīḍanena ca brahmarākṣasonmattaṃ vidyāt;

20.8 asvasthacittaṃ sthānamalabhamānaṃ nṛtyagītahāsinaṃ
badhābadhapralāpinaṃ saṃkarakūṭamalinarathyācela-
tṛṇāśmakāṣṭhādhirohaṇaratiṃ bhinnarūkṣasvaraṃ[6] nagnaṃ
vidhāvantaṃ naikatra tiṣṭhantaṃ duḥkhānyāvedayantaṃ
naṣṭasmṛtiṃ ca piśāconmattaṃ vidyāt //

21.1 tatra caukṣācāraṃ tapaḥsvādhyāyakovidaṃ naraṃ prāyaḥ
śuklapratipadi trayodaśyāṃ ca chidram[7]avekṣyābhidharṣa-
yanti devāḥ,

Car 6.9

21.2 snānaśuciviviktasevinaṃ dharmaśāstraśrutivākyakuśalaṃ prāyaḥ ṣaṣṭhyāṃ navamyāṃ carṣayaḥ,

21.3 mātṛpitṛguruvṛddhasiddhācāryopasevinaṃ prāyo daśamyām amāvasyāyāṃ ca pitaraḥ,

21.4 gandharvāḥ stutigītavāditraratiṃ paradāragandhamālya-priyaṃ caukṣācāraṃ prāyo dvādaśyāṃ caturdaśyāṃ ca,

21.5 sattvabalarūpagarvaśauryayuktaṃ mālyānulepanahāsyapriyam ativāk[8]karaṇaṃ prāyaḥ śuklaikādaśyāṃ saptamyāṃ ca yakṣāḥ,

21.6 svādhyāyataponiyamopavāsabrahmacaryadevayatiguru-pūjā 'ratiṃ bhraṣṭaśaucaṃ brāhmaṇamabrāhmaṇaṃ vā brāhmaṇavādinaṃ śūramāninaṃ devāgārasalilakrīḍanaratiṃ prāyaḥ śuklapañcamyāṃ pūrṇacandradarśane ca brahmarākṣasāḥ,

21.7 rakṣaḥpiśācastu hīnasattvaṃ piśunaṃ straiṇaṃ[9] lubdhaṃ śaṭhaṃ [10]prāyo dvitīyātṛtīyāṣṭamīṣu;

21.8 ityaparisaṃkhyeyānāṃ grahāṇāmāviṣkṛtatamā hyaṣṭāvete vyākhyātāḥ //

22. sarveṣvapi tu khalveṣu yo hastāvudyamya roṣasaṃrambhān niḥśaṅkamanyeṣvātmani vā nipātayet sa hyasādhyo jñeyaḥ; tathā yaḥ sāśrunetro meḍhapravṛttaraktaḥ kṣatajihvaḥ prasrutanāsikaśchidyamānacarmā 'pratihanya-mānavāṇiḥ satataṃ vikūjan [11]durvarṇastṛṣārtaḥ pūtigandhaś ca sa hiṃsārthinonmatto jñeyaḥ; taṃ parivarjayet //

23. ratyarcanākāmonmādinau tu bhiṣagabhiprāyācārābhyāṃ[16] buddhvā tadaṅgopahārabalimiśreṇa mantrabhaiṣajya-

vidhinopakramet //

24. tatra dvayorapi nijāgantunimittayorunmādayoḥ
samāsavistarābhyāṃ bheṣajavidhimanuvyākhyāsyāmaḥ //

25. unmāde vātaje pūrvaṃ snehapānaṃ viśeṣavit /
kuryādāvṛtamārge tu sasnehaṃ mṛdu śodhanam //

26. kaphapittodbhave 'pyādau vamanaṃ savirecanam /
snigdhasvinnasya kartavyaṃ śuddhe saṃsarjanakramaḥ //

27. nirūhaṃ snehabastiṃ ca śirasaśca virecanam /
tataḥ kuryādyathādoṣaṃ teṣāṃ bhūyastvamācaret //

28. hṛdindriyaśiraḥkoṣṭhe saṃśuddhe vamanādibhiḥ /
manaḥprasādamāpnoti smṛtiṃ saṃjñāṃ ca vindati //

29. śuddhasyācāravibhraṃśe tīkṣṇaṃ nāvanamañjanam /
tāḍanaṃ ca [12]manobuddhidehasaṃvejanaṃ hitam //

30. yaḥ [13]śakto 'vinaye paṭṭaiḥ saṃyamya sudṛḍhaiḥ sukhaiḥ /
apetalohakāṣṭhādye saṃrodhyaśca tamogṛhe //

31. tarjanaṃ trāsanaṃ dānaṃ harṣaṇaṃ sāntvanaṃ bhayam /
vismayo vismṛterhetornayanti prakṛtiṃ manaḥ //

32. pradehotsādanābhyaṅgadhūmāḥ pānaṃ ca sarpiṣaḥ /
prayoktavyaṃ manobuddhismṛtisaṃjñāprabodhanam //

33. sarpiṣpānādirāgantormantrādiśceṣyate vidhiḥ /
ataḥ siddhatamānyogāñchṛṇūnmādavināśanān //

34 - 75: ... [various therapeutic preparations; see translation for general description.]

76. vātaśleṣmātmake prāyaḥ--paittike tu praśasyate /
tiktakaṃ tīvanīyaṃ ca sarpiḥ snehaśca miśrekaḥ //

77. śītāni cānnapānāni madhurāṇi [14]mṛdūni ca /

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śaṅkhakeśāntasandhau vā mokṣayejjño bhiṣak sirām /
unmāde viṣame caiva jvare 'pasmāra eva ca //

78. ghṛtamāṃsavitṛptaṃ vā nivāte sthāpayet sukham /
tyaktvā matismṛtibhraṃśaṃ saṃjñāṃ labdhvā pramucyate[15] //

79. āśvāsayet suhṛdvā taṃ vākyairdharmārthasaṃhitaiḥ /
brūyādiṣṭavināśaṃ vā darśayedadbhutāni vā //

80. badhaṃ sarṣapatailāktaṃ nyasedvottānamātape /
kapikacchvā 'thavā taptairlohatailajalaiḥ spṛśet //

81. kasābhistāḍayitvā vā subadhaṃ vijane gṛhe /
rundhyācceto hi vibhrāntaṃ vrajatyasya tathā śamam //

82. sarpeṇoddhṛtadaṃṣṭreṇa dāntaiḥ siṃhairgajaiśca tam /
trāsayecchastrahastairvā taskaraiḥ śatrubhistathā //

83. athavā rājapuruṣā bahirnītvā susaṃyatam /
trāsayeyurvadhenainaṃ tarjayanto nṛpājñayā //

84. dehaduḥkhabhayebhyo hi paraṃ prāṇabhayaṃ smṛtam /
tena yāti śamaṃ tasya sarvato viplutaṃ manaḥ //

85. iṣṭadravyavināśāttu mano yasyopahanyate /
tasya tatsadṛśaprāptisāntvāśvāsaiḥ śamaṃ nayet //

86. kāmaśokabhayakrodhaharṣerṣyālobhasaṃbhavān /
parasparapratidvandvairebhireva śamaṃ nayet //

87. buddhvā deśaṃ vayaḥ sātmyaṃ doṣaṃ kālaṃ balābale /
cikitsitamidaṃ kuryādunmāde bhūtadoṣaje //

88. devarṣipitṛgandharvairunmattasya tu buddhimān /
varjayedañjanādīni tīkṣṇāni krūrakarma ca //

89. sarpiṣpānādi tasyeha mṛdu bhaiṣajyamācaret /

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pūjāṃ balyupahārāṃśca mantrāñjanavidhīṃstathā

90. śāntikarmeṣṭihomāṃśca japasvastyayanāni ca /

vedoktān niyamāṃścāpi prāyaścittāni cācaret //

91. bhūtānāmadhipaṃ devamīśvaraṃ jagataḥ prabhum /

pūjayan prayato nityaṃ jayatyunmādajaṃ bhayam //

92. rudrasya pramathā nāma gaṇā loke caranti ye /

teṣāṃ pūjāṃ ca kurvāṇa unmādebhyaḥ pramucyate //

93. balibhirmaṅgalairhomairoṣadhyagadadhāraṇaiḥ /

satyācāratapojñānapradānaniyamavrataiḥ //

94. devagobrāhmaṇānāṃ ca gurūṇāṃ pūjanena ca /

āgantuḥ praśamaṃ yāti siddhairmantrauṣadhaistathā //

95. yaccopadekṣyate kiṃcidapasmāracikitsite /

unmāde tacca kartavyaṃ sāmānyāddhetudūṣyayoḥ //

96. nivṛttāmiṣamadyo yo hitāśī prayataḥ śuciḥ /

nijāgantubhirunmādaiḥ sattvavān na sa yujyate //

97. prasādaścendriyārthānāṃ budhyātmamanasāṃ tathā /

dhātūnāṃ prakṛtisthatvaṃ vigatonmādalakṣaṇam //

98.& col.

unmādānāṃ samutthānaṃ lakṣaṇaṃ sacikitsitam /

nijāgantunimittānāmuktavān bhiṣaguttamaḥ //

ityagniveśakṛte tantre carakapratisaṃskṛte 'prāpte dṛḍhabalapūrite cikitsāsthāne unmādacikitsitaṃ nāma navamo 'dhyāyaḥ //

Car 6.9

Notes:

1. 'cintādiduṣṭam' iti pā. /
2. 'bhidravaṇau' iti pā. /
3. 'vācam' iti pā. /
4. ayaṃ pāṭho bahuṣu pustakeṣu nopalabhyate /
5. 'rodanahāsinam' iti pā. /
6. 'bhinnarūkṣavarṇasvaram' iti pā. /
7. 'devā dharṣayanti' iti pā. /
8. 'ativākpravaṇam' iti pā. /
9. 'stenam' iti pā. /
10. 'prāyaśchidramavekṣyābhidharṣayanti' iti pā. /
11. 'durvaśyaḥ' iti pā. /
12. 'manobudhidehasaṃtarjanam' iti pā. /
13. yogīndranāthasenastu 'yaḥ śakto vinaye' iti paṭhati; 'ya unmādī vinaye śaktaḥ vinītaḥ vidheyatvaṃ gacchati' iti ca vyākhyānayati /
14. 'laghūni' iti pā. /
15. 'prabudhyate' iti pā. /
16. 'abhicārābhiśāpābhyām' iti pā. /

ŚUŚRUTA SAMHITĀ 6.60*

1. athāto 'mānuṣopasargapratiṣedhamadhyāyaṃ vyākhyāsyāmaḥ[1]//

2. yathovāca bhagavān dhanvantariḥ //

3. niśācarebhyo rakṣyastu nityameva kṣatāturaḥ /
iti yat prāgabhihitaṃvistarastasya vakṣyate //

4. guhyānāgatavijñānamanavasthā 'sahiṣṇutā /
kriyā vā 'mānuṣī yasmin sagrahaḥ parikīrtyate //

5. aśuciṃ bhinnamaryādaṃ kṣataṃ vā yadi vā 'kṣatam /
hiṃsyurhiṃsāvihārārthaṃ satkārārthamathāpi vā //

6. asaṅkhyeyā grahagaṇā grahādhipatayastu ye /
vyajyante vividhākārā bhidyante te tathā 'ṣṭadhā //

7. devāstathā śatrugaṇāśca teṣāṃ gandharvayakṣāḥ pitaro bhujaṅgāḥ /
rakṣāṃsi yā cāpi piśācajātireṣo 'ṣṭako devagaṇo grahākhyaḥ //

8. saṃtuṣṭaḥ śucirapi ceṣṭagandhamālyo nistandrī hyavitathasaṃskṛtaprabhāṣī /
tejasvī sthiranayano varapradātā brahmaṇyo bhavati naraḥ sa devajuṣṭaḥ //

9. saṃsvedī dvijagurudevadoṣavaktā jihmākṣo vigatabhayo vimārgadṛṣṭiḥ /
santuṣṭo bhavati na cānnapānajātairduṣṭātmā bhavati[2] ca devaśatrujuṣṭaḥ //

10. hṛṣṭātmā pulinavanāntaropasevī svācāraḥ priyapari-

* Text from Suśruta 1945:975-81.

Su 6.60

gītagandhamālyaḥ //

nṛtyan[3] vai prahasati cāru cālpaśabdaṃ gandharvagraha-

paripīḍito manuṣyaḥ //

11. tāmrākṣaḥ priyatanuraktavastradhārī gambhīro drūta-[4]

matiralpavāk sahiṣṇuḥ /

tejasvī vadati ca kiṃ dadāmi kasmai yo yakṣagraha-

paripīḍito manuṣyaḥ //

12. pretebhyo visṛjati saṃstareṣu piṇḍān

śāntātmā jalamapi cāpasavyavastraḥ /

māṃsepsustilaguḍapāyasābhikāmas

[5]tadbhukto bhavati pitṛgrahābhibhūtaḥ //

13. bhūmau yaḥ prasarati sarpavat kadācit

[6]sṛkkiṇyau vilikhati jihvayātathaiva /

nidrālurguḍamadhudugdhapāyasepsur

vijñeyo bhavati bhujaṅgamena juṣṭaḥ //

14. māṃsāsṛgvividhasurāvikāralipsur

nirlajjo bhṛśamatiniṣṭhuro 'tiśūraḥ /

krodhālurvipulabalo niśāvihārī

śaucadviḍ bhavati ca rakṣasā gṛhītaḥ //

15. uddhastaḥ kṛśaparuṣaścirapralāpī

durgandho bhṛśamaśucistathā 'tilolaḥ /

bahvāśī vijanahimāmburātrisevī

[7]vyāvigno bhramati rudan piśācajuṣṭaḥ //

16. sthūlākṣastvaritagatiḥ svaphenalehī

nidrāluḥ patati ca kampate ca yo 'ti /

Su 6.60

yaścādridviradanagādivicyutaḥ san
saṃsṛṣṭo na bhavati vārdhakena juṣṭaḥ //

17. devagrahāḥ paurṇamāsyāmasurāḥ sandhyayorapi /
gandharvāḥ prāyaśo 'ṣṭhamyāṃ yakṣāśca pratipadyatha //

18. kṛṣṇakṣaye[8] ca pitaraḥ pañcamyāmapi coragāḥ /
rakṣāṃsi niśi paiśācāścaturdaśyāṃ viśanti ca //

19. darpaṇādīn yathā chāyā śītoṣṇaṃ prāṇino yathā /
svamaṇiṃ bhāskarasyosrā yathā dehaṃ ca dehadhṛk/
viśanti ca na dṛśyante grahāstadvaccharīriṇam //

20. tapāṃsi tīvrāṇi tathaiva dānaṃ vratāni dharmo niyamāśca[9]
satyam /
guṇāstathā 'ṣṭāvapi teṣu nityā vyastāḥ samastāśca
yathāprabhāvam //

21. na te manuṣyaiḥ saha saṃviśanti na vā manuṣyān
kvacidāviśanti /
ye tvāviśantīti vadanti mohātte bhūtavidyāviṣayād
apohyāḥ //

22. teṣāṃ grahāṇāṃ paricārakā ye koṭīsahasrāyutapadma-
saṃkhyāḥ /
asṛgvasāmāṃsabhujaḥ subhīmā niśāvihārāśca tamāviśanti //

23. niśācarāṇāṃ teṣāṃ hi ye devagaṇamāśritāḥ[10] /
te tu tatsattvasaṃsargādvijñeyāstu tadañjanāḥ //

24. devagrahā iti punaḥ procyante 'śucayaśca[11] ye /
devavacca namasyante pratyarthyante ca devavat //

25. [12]svāmiśīlakriyācārāḥ krama eṣa surādiṣu /

Su 6.60

nirṛteryā duhitarastāsāṃ sa prasavaḥ smṛtaḥ //

26. satyatvādapavṛtteṣu vṛttisteṣāṃ gaṇaiḥ kṛtā /
hiṃsāvihārā ye keciddevā[13]bhāvamupāśritāḥ //

27. bhūtānīti kṛtā saṃjñā teṣāṃ saṃjñāpravaktṛbhiḥ /
grahasaṃjñāni bhūtāni yasmādvettyanayā bhiṣak //

28. vidyayā bhūtavidyātvamata eva nirucyate /
teṣāṃ śāntyarthamanvicchan vaidyastu susamāhitaḥ //

29. japaiḥ saniyamairhomairārabheta cikitsitum /
raktāni gandhamālyāni bījāni madhusarpiṣī //

30. bhakṣyāśca sarve sarveṣāṃ sāmānyo vidhirucyate /
[14]vastrāṇi gandhamāyāni māṃsāni rudhirāṇi ca //

31. yāni yeṣāṃ yatheṣṭāni tāni tebhyaḥ pradāpayet /
hiṃsanti manujān yeṣu prāyaśo divaseṣu tu //

32. dineṣu teṣu deyāni tadbhūtavinivṛttaye /
devagrahe devagṛhe hutvā 'gniṃ [15]prā(dā)payedbalim //

33. kuśasvastikapūpājyacchatrapāyasasaṃbhṛtam /
asurāya yathākālaṃ vidadhyāñcatvarādiṣu //

34. gandharvasya gavāṃ madhye [16]madyamāṃsāmbujāṅgalam /
hṛdye veśmani yakṣasya kulmāṣāsṛksurādibhiḥ //

35. atimuktaka[17]kundājñaiḥ puṣpaiśca vitaredbalim /
nadyāṃ pitṛgrahāyeṣṭaṃ kuśāstaraṇabhūṣitam //

36. [18]tatraivopahareccāpi nāgāya vividhaṃ balim /
catuṣpathe rākṣasasya bhīmeṣu gahaneṣu vā //

37. śūnyāgāre piśācasya tīvraṃ balimupāharet /
pūrvamācaritairmantrairbhūtavidyānidarśitaiḥ //

38. na śakyā balibhirjetuṃ yogaistān samupācaret /
ajarkṣacarmaromāṇi śalyakolūkayostathā //

39. hiṅgu mūtraṃ ca bastasya dhūmamasya prayojayet /
etena śāmyate kṣipraṃ balavānapi yo grahaḥ //

40 - 53: ... [various therapeutic preparations]

54. hanyādalpena kālena snehādirapi ca [19]kramaḥ /
na [20]cācaukṣaṃ prayuñjīta prayogaṃ devatāgrahe //

55. ṛte piśācādanyatra pratikūlaṃ na cācaret /
vaidyāturau nihanyuste dhruvaṃ kruddhā mahaujasaḥ //

56. hitāhitīye yaccoktaṃ nityameva samācaret //
tataḥ prāpsyati sidhiṃ ca yaśaśca vipulaṃ bhiṣak //

col. iti suśrutasaṃhitāyāmuttaratantrāntargate bhūtavidyātantre 'mānuṣopasargapratiṣedho nāma (prathamo 'dhyāyaḥ, āditaḥ) ṣaṣṭitamo 'dhyāyaḥ //

Notes:

1. '°'mānuṣapratiṣedha°' iti Hārāṇa. /
2. 'bhavati ca yaḥ sa' iti Hārāṇa. /
3. 'nṛtyan vā' iti Hārāṇa. /
4. 'drutagati°' iti Pā. /
5. '°stadbhakto bhavati' iti Hārāṇa. /
6. 'sṛkkaṇyau vilikhati' iti Hārāṇa. /
7. 'vyāceṣṭaṃ bhramati' iti Hārāṇa. /
8. 'kṛṣṇapakṣe ca' iti Hārāṇa. /
9. 'niścayamasya satyam' iti Hārāṇa. /

Su 6.60

Notes (cont.)

10. 'devagaṇasaṃsṛtāḥ' iti Harāṇa. /

11. 'śucayasca ye' iti Harāṇa. /

12. 'svāmiśīlakriyācārakramā eva surādiṣu / nirṛteryā duhitarastāsāṃ saprasavāḥ smṛtāḥ' iti Harāṇacandra-sammataḥ paṭhaḥ /

13. '°ddivyaṃ bhāvamupāśritāḥ' iti Harāṇa. /

14. 'vastrāṇi madyamāṃsāni kṣīrāṇi' iti Harāṇa. /

15. 'prāpayetbalim' iti Harāṇa. /

16. 'madyaṃ māṃsaṃ ca jāṅgalam' iti Pā. /

17. '°kundābjapuṣpaiśca' iti Harāṇa. /

18. 'tathaivopahare°' iti Harāṇa. /

19. 'kramāt' iti Harāṇa. /

20. 'na cāyuktaṃ' iti Pā. /

SUŚRUTA SAṂHITĀ 6.62*

1. athāta unmādapratiṣedhamadhyāyaṃ vyākhyāsyāmaḥ //

2. yathovāca bhagavān dhanvantariḥ //

3. madayantyuddha(dga)tā doṣā yasmādunmārgamāśri[1]tāḥ /
mānaso 'yamato vyādhirunmāda iti kīrti[2]taḥ //

4. ekai[3]kaśaḥ samastaiśca doṣairatyarthamūrcchitaiḥ /
mānasena ca duḥkhena sa pañcavidha ucyate //

5. viṣādbhavati ṣaṣṭhaśca yathāsvaṃ tatra bheṣajam /
sa cāpravṛddhastaruṇo madasaṃjñāṃ bibharti ca //

6. mohodvegau svanaḥ śrotre gātrāṇāmapakarṣaṇam /
atyutsāho 'ruciścānne svapne [4]kaluṣabhojanam //

7. vāyunonmathanaṃ cāpi bhra[5]mascakragatasya vā /
yasya [6]syādacireṇaiva unmādaṃ so 'dhigacchati //

8. rūkṣacchaviḥ paruṣavāgdhamanītato vā
[7]śītāturaḥ kṛśatanuḥ sphuritāṅgasandhiḥ /
[8]āsphoṭayatyaṭati gāyati nṛtyaśīlo
vikrośati bhramati cāpyanilaprakopāt //

9. tṛṭsvedadāhabahulo bahubhugvinidraś
chāyāhimānilajalāntavihārasevī /
tīkṣṇo himāmbunicaye 'pi sa vahniśaṅkī
pittāddivā nabhasi paśyati tārakāśca //

10. chardyagnisādasadanārucikāsayukto
yoṣidviviktaratiralpamatipracāraḥ /
nidrāparo 'lpakathano 'lpabhuguṣṇasevī

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* Text from Suśruta 1945:986-9.

Su 6.62

rātrau bhṛśaṃ bhavati cāpi kaphaprakopāt //

11. [9]sarvātmake pavanapittakaphā yathāsvaṃ

saṃharṣitā iva ca liṅgamudīrayanti //

12. caurairnarendrapuruṣairaribhistathā 'anyair

vitrāsitasya dhanabāndhavasaṃkṣayādvā //

gāḍhaṃ kṣate manasi ca priyayā riraṃsor

jāyeta cotkaṭataro manaso vikāraḥ //

13. citraṃ sa jalpati manonugataṃ visaṃjño

gāyatyatho hasati roditi [10]mūḍhasaṃjñaḥ /

raktekṣaṇo hatabalendriyabhāḥ sudīnaḥ

śyāvānano viṣa[11]kṛte 'tha bhavet parāsuḥ //

14. snigdhaṃ svinnaṃ tu manujamunmādārtaṃ viśodhayet /

tīkṣṇairubhayatobhāgaiḥ śirasaśca virecanaiḥ //

15. vividhairavapīḍaiśca sarṣapasnehasaṃyutaiḥ /

yojayitvā tu taccūrṇaṃ ghrāṇe ta[12]sya prayojayet //

16. satataṃ dhūpayeccainaṃ śvagomāṃsaiḥ supūtibhiḥ /

sarṣapāṇāṃ ca tailena nasyābhyaṅgau hitau sadā //

17. darśayedadbhutānyasya vadennāśaṃ priyasya vā /

[14]bhīmākārairnarair nāgairdāntairvyālaiśca nirviṣaiḥ //

18. bhīṣayet saṃyataṃ pāśaiḥ kaśābhirvā 'tha tāḍayet //

yantrayitvā suguptaṃ vā trāsayettaṃ tṛṇāgninā //

19. [14]jalena tarjayedvā 'pi rajjughātairvibhāvayet /

balavāṃścāpi saṃrakṣet jale 'ntaḥ parivāsayet /

pratudedārayā cainaṃ marmaghātaṃ vivarjayet /

[15]veśmano 'ntaḥ praviśyainaṃ rakṣaṃstadveśma dīpayet //

20. sāpidhāne jaratkūpe[16] satataṃ vā nivāsayet /
tryahāttryahādyavāgūśca [17]tarpaṇān vā pradāpayet //

21. kevalānambuyuktān vā kulmāṣān vā bahuśrutaḥ /
hṛdyaṃ yaddīpanīyaṃ ca tatpathyaṃ tasya bho(yo)jayet //

22 - 32: ... [various therapeutic preparations; see translation]

33. uro 'pāṅgalāṭeṣ śirāścāsya vimokṣayet /
apasmārakriyāṃ cāpi grahoddiṣṭāṃ ca kārayet //

34 śāntadoṣaṃ viśuddhaṃ ca snehabastibhirācaret[18] /
unmādeṣu ca sarveṣu kuryāccittaprasādanam /
mṛdupūrvāṃ made 'pyevaṃ [19]kriyāṃ mṛdvīṃ prayojayet //

35. śokaśalyaṃ vyapanayedunmāde pañcame bhiṣak /
viṣaje mṛdupūrvāṃ ca viṣaghnīṃ kārayet kriyām //

col. iti suśrutasaṃhitāyāmuttaratantrāntargate bhūtavidyā-tantre unmādapratiṣedho nāma (tṛtīyo 'dhyāyaḥ, āditaḥ) dviṣaṣṭitamo 'dhyāyaḥ //

Notes:

1. 'tanmārgamāśritāḥ' iti Pā. /
2. 'kīrtyate' iti Pā. /
3. 'ekaśo 'tha' iti Pā. /
4. 'kaluṣamajjanam' iti Pā. /
5. 'bhramaśca kramatastathā' iti Pā. /
6. 'syādacireṇaivamunmādaṃ' iti Hārāṇa. /
7. 'svāsāturaḥ' iti Pā. /

Notes (cont.)

8. 'āsphoṭayan paṭhati' iti Hāraṇa. /

9. 'sarvātmake tribhirapi vyatimiśritāni rūpāṇi vāta-kaphapittakṛtāni vidyāt / sampūrṇa lakṣaṇamasādhyam udāharanti sarvātmakaṃ kvacidapi pravadanti sādhyam' iti pāṭho 'tra Hārāṇacandraḥ paṭhati /

10. 'roditi cāpi mūḍhaḥ' iti Hārāṇa. /

11. 'viṣakṛte ca bhavedvisaṃjñaḥ' iti Pā. /

12. 'nasyaṃ' iti Pā. /

13. 'saṃtataṃ' iti Hārāṇa. /

14. 'jalena tarjayed' 'balavāṃścāpi' iti ślokārdhe Hārāṇacandro na paṭhati /

15. ślokārdhamidaṃ Hārāṇa. granthe na dṛśyate /

16. 'kūpe cakrapidhāne vā' iti Pā. /

17. 'dadyātsaktūñjalena vā' iti Hārāṇa. /

18. 'śokaśalyaṃ' ityagrimataraṃ ślokārdhamatra paṭhati Hārāṇa. /

19. 'kriyāṃ vidvān prayojayet' iti Hārāṇa. /

AṢṬĀṄGAHṚDAYA SAṂHITĀ 6.4*

Intro. athāto bhūtavijñānīyamadhyāyaṃ vyākhyāsyāmaḥ /
iti ha smāhurātreyādayo maharṣayaḥ //

1. lakṣayejjñānavijñānavākceṣṭābalapauruṣam /
puruṣe 'pauruṣaṃ yatra tatra bhūtagrahaṃ vadet //

2. bhūtasya rūpaprakṛtibhāṣāgatyādiceṣṭitaiḥ /
yasyānukāraṃ kurute tenāviṣṭaṃ tamādiśet //

3. so 'ṣṭādaśavidho devadānavādivibhedataḥ /
hetustadanuṣaktau tu sadyaḥ pūrvakṛto 'thavā //

4. prajñāparādhaḥ, sutarāṃ tena kāmādijanmanā /
luptadharmavratācāraḥ pūjyānapyativartate //

5. taṃ tathā bhinnamaryādaṃ pāpamātmopaghātinam /
devādayo 'pyanughnanti grahāśchidraprahāriṇaḥ //

6. chidraṃ pāpakriyārambhaḥ pāko 'niṣṭasya karmaṇaḥ /
ekasya śūnye 'vasthānaṃ śmaśānādiṣu vā niśi //

7. digvāsastvaṃ gurornindā rateravidhisevanam /
aśucerdevatārcādi parasūtakasaṅkaraḥ //

8. homamantrabalījyānāṃ viguṇaṃ parikarma ca /
samāsāddinacaryādiproktācāravyatikramaḥ //

9. gṛhṇanti śuklapratipattrayodaśyoḥ surā naram /
śuklatrayodaśīkṛṣṇādvādaśyordānavā grahāḥ //

10. gandharvāstu caturdaśyāṃ dvādaśyāṃ coragāḥ punaḥ /
pañcamyāṃ, śuklasaptamyekādaśyostu dhaneśvarāḥ //

11. śuklāṣṭapañcamīpaurṇamāsīṣu brahmarākṣasāḥ /

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* Text from Vāgbhaṭa 1939:790--3. Notes and variants from the printed edition have not been reproduced here.

AHr 6.4

kṛṣṇe rakṣaḥ piśācādyā navadvādaśaparvasu //
12. daśāmāvāsyayoraṣṭanavamyoḥ pitaro 'pare /
guruvṛddhādayaḥ prāyaḥ kālaṃ sandhyāsu lakṣayet //
13. phullapadmopamamukhaṃ saumyadṛṣṭimakopanam /
alpavāksvedaviṇmūtraṃ bhojanānabhilāṣiṇam //
14. devadvijātiparamaṃ śuciṃ saṃskṛtavādinam /
mīlayantaṃ cirānnetre surabhiṃ varadāyinam //
15. śuklamālyāmbarasaricchailoccabhavanapriyam /
anidramapradhṛṣyaṃ ca vidyāddevavaśīkṛtam //
16. jihmadṛṣṭiṃ durātmānaṃ gurudevadvijadviṣam /
nirbhayaṃ māninaṃ śūraṃ krodhanaṃ vyavasāyinam //
17. rudraḥ skando viśākho 'hamindro 'hamiti vādinam /
surāmāṃsaruciṃ vidyāt daityagrahagṛhītakam //
18. svācāraṃ surabhiṃ hṛṣṭaṃ gītanartanakāriṇam /
snānodyānaruciṃ raktavastramālyānulepanam //
19. śṛṅgāralīlābhirataṃ gandharvādhyuṣitaṃ vadet /
raktākṣaṃ krodhanaṃ stabdhadṛṣṭiṃ vakragatiṃ calam //
20. śvasantamaniśaṃ jihvālolinaṃ sṛkkiṇīliham /
priyadugdhaguḍasnānamadhovadanaśāyinam//
21. uragādhiṣṭhitaṃ vidyāttrasyantaṃ cātapatrataḥ /
viplutatrastaraktākṣaṃ śubhagandhaṃ sutejasam //
22. priyanṛtyakathāgītasnānamālyānulepanam /
matsyamāṃsaruciṃ hṛṣṭaṃ tuṣṭaṃ balinamavyatham//
23. calitāgrakaraṃ kasmai kiṃ dadāmīti vādinam /
rahasyabhāṣiṇaṃ vaidyadvijātiparibhāvinam //

AHr 6.4

24. alparoṣaṃ drutagatiṃ vidyādyakṣagṛhītakam /
hāsyanṛtyapriyaṃ raudraceṣṭaṃ chidraprahāriṇam //
25. ākrośinaṃ śīghragatiṃ devadvijabhiṣagdviṣam /
ātmānaṃ kāṣṭhaśastrādyairghnantaṃ bhoḥśabdavādinam //
26. śāstravedapaṭhaṃ vidyād gṛhītaṃ brahmarākṣasaiḥ /
sakrodhadṛṣṭiṃ bhṛkuṭimudvahantaṃ sasaṃbhraman //
27. praharantaṃ pradhāvantaṃ śabdantaṃ bhairavānanam /
annādvinā 'pi balinaṃ naṣṭanidraṃ niśācaram //
28. nirlajjamaśuciṃ śūraṃ krūraṃ parūṣabhāṣiṇaṃ /
roṣaṇaṃ raktamālyastrīraktamadyāmiṣapriyam //
29. dṛṣṭvā ca raktaṃ māṃsaṃ vā ''lihānaṃ daśanacchadau /
hasantamannakāle ca rākṣasādhiṣṭhitaṃ vadet //
30. asvasthacittaṃ naikatra tiṣṭhantaṃ paridhāvinam /
ucchiṣṭanṛtyagāndharvahāsamadyāmiṣapriyam //
31. nirbhartsanāddīnamukhaṃ rudantamanimittataḥ /
nakhairlikhantamātmānaṃ rūkṣadhvastavapuḥsvaram //
32. āvedayantaṃ duḥkhāni sambaddhābaddhabhāṣiṇam/
naṣṭasmṛtiṃ śūnyaratiṃ lolaṃ nagnaṃ malīmasam //
33. rathyācailaparīdhānaṃ tṛṇamālāvibhūṣaṇam /
ārohantaṃ ca kāṣṭhāśvaṃ tathā saṅkarakūṭakam //
34. bahvāśinaṃ piśācena vijānīyādadhiṣṭhitam /
pretākṛtikriyāgandhaṃ bhītamāhāravidviṣam //
35. tṛṇacchidaṃ ca pretena gṛhītaṃ naramādiśet /
bahupralāpaṃ kṛṣṇāsyaṃ pravilambitayāyinam //
36. śūnapralambavṛṣaṇaṃ kūṣmāṇḍādhiṣṭhitaṃ vadet /

gṛhītvā kāṣṭhaloṣṭādi bhramantaṃ cīravāsasam //

37. nagnaṃ dhāvantamuttrastadṛṣṭiṃ tṛṇavibhūṣaṇam /
śmaśānaśūnyāyatanarathyaikadrumasevinam //

38. tilānnamadyamāṃseṣu satataṃ saktalocanam /
niṣādādhiṣṭhitaṃ vidyād vadantaṃ paruṣāṇi ca //

39. yācantamudakaṃ cānnaṃ trastalohitalocanam /
ugravākyaṃ ca jānīyānnaramaukiraṇārditam //

40. gandhamālyaratiṃ satyavādinaṃ parivepinam /
bahunidraṃ ca jānīyād vetālena vaśikṛtam //

41. aprasannadṛśaṃ dīnavadanaṃ śuṣkatālukam /
calannayanapakṣmāṇaṃ nidrāluṃ mandapāvakam //

42. apasavyaparīdhānaṃ tilamāṃsaguḍapriyam /
skhaladvācaṃ ca jānīyāt pitṛgrahavaśīkṛtam //

43. guruvṛddharṣisiddhābhiśāpacintānurūpataḥ /
vyāhārāhāraceṣṭābhiryathāsvaṃ tadgrahaṃ vadet //

44. kumāravṛdānugataṃ nagnamuddhatamūrdhajam /
asvasthamanasaṃ dairghyakālikaṃ sagrahaṃ tyajet //

col. iti śrīvaidyapatisiṃhaguptasūnuśrīmadvāgbhaṭa-
viracitāyamaṣṭāṅgahṛdayasaṃhitāyāṃ ṣaṣṭhe uttarasthāne
bhūtavijnanīyo nāma caturtho 'dhyāyaḥ //

AṢṬĀṄGAHṚDAYA SAṂHITĀ 6.6*

intro. athāta unmādapratiṣedhaṃ vyākhyāsyāmaḥ /
iti ha smāhurātreyādayo maharṣayaḥ //

1. unmādāḥ ṣaṭ pṛthagdoṣanicayādhiviṣodbhavāḥ /
unmādo nāma manaso doṣairunmārgagairmadaḥ //

2. śārīramānasairduṣṭairahitādannapānataḥ /
vikṛtāsātmyasamalādviṣamadupayogataḥ //

3. viṣaṇṇasyālpasattvasya vyādhivegasamudgamāt /
kṣīṇasya ceṣṭāvaiṣamyāt pūjyapūjāvyatikramāt //

4. ādhibhiścittavibhraṃśād viṣeṇopaviṣeṇa ca /
ebhirhi hīnasattvasya hṛdi doṣāḥ pradūṣitāḥ //

5. dhiyo vighāya kāluṣyaṃ hatvā mārgān manovahān /
unmādaṃ kurvate, tena dhīvijñānasmṛti bhramāt //

6. deho duḥkhasukhabhraṣṭo bhraṣṭasārathivadrathaḥ /
bhramatyacintitārambhaḥ tatra vātātkṛśāṅgatā //

7. asthāne rodanākrośahasitasmitanartanam /
gītavāditravāgaṅgavikṣepāsphoṭanāni ca //

8. asāmnā veṇuvīṇādiśabdānukaraṇaṃ muhuḥ /
āsyātphenāgamo 'jasramaṭanaṃ bahubhāṣitā //

9. alaṅkāro 'nalaṅkārairayānairgamanodyamaḥ /
gṛddhirabhyavahāryeṣu tallābhe cāvamānatā //

10. utpiṇḍitāruṇākṣitvaṃ jīrṇe cānne gadodbhavaḥ /
pittātsantarjanaṃ krodho muṣṭiloṣṭādyabhidravaḥ //

11. śītacchāyodakākāṅkṣā nagnatvaṃ pītavarṇatā /

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* Text from Vāgbhaṭa 1939:797-801. Notes and variants from the printed edition have not been reproduced here.

asatyajvalanajvālātārakādīpadarśanam //

12. kaphādarocakaśchardiralpehāhāravākyatā /
strīkāmatā rahaḥ prītirlālāsiṅghāṇakasrutiḥ //

13. baibhatsyaṃ śaucavidveṣo nidrā śvayathurānane /
unmādo balavān rātrau bhuktamātre ca jāyate //

14. sarvāyatanasaṃsthānasannipāte tadātmakam /
unmādaṃ dāruṇaṃ vidyāt taṃ bhiṣak parivarjayet //

15. dhanakāntādināśena duḥsahenābhiṣaṅgavān /
pāṇḍurdīno muhurmuhyan hāheti paridevate //

16. rodityakasmānmriyate tadguṇān bahu manyate /
śokakliṣṭamanā dhyāyan jāgarūko viceṣṭate //

17. viṣeṇa śyāvavadano naṣṭacchāyābalendriyaḥ /
vegāntare 'pi sambhrānto raktākṣastaṃ vivarjayet //

18. athānilaja unmāde snehapānaṃ prayojayet /
pūrvamāvṛtamārge tu sasnehaṃ mṛdu śodhanam //

19. kaphapittabhave 'pyādau vamanaṃ savirecanam /
snigdhasvinnasya bastiṃ ca śirasaḥ savirecanam //

20. tathā 'sya śuddhadehasya prasādaṃ labhate manaḥ /
itthamapyanuvṛttau tu tīkṣṇaṃ nāvanamañjanam //

21. harṣaṇāśvāsanottrāsabhayatāḍanatarjanam /
abhyaṅgodvartanālepadhūpan pānaṃ ca sarpiṣaḥ //

22. yuñjyāttāni hi śuddhasya nayanti prakṛtiṃ manaḥ /

22.2 - 58: ... [various therapeutic preparations; see translation for description]

59. nivṛttāmiṣamadyo yo hitāśī prayataḥ śuciḥ /

AHr 6.6

nijāgantubhirunmādaiḥ sattvavān na sa yujyate //

60. prasāda indriyārthānāṃ buddhyātmamanasāṃ tathā /
dhātūnāṃ prakṛtisthatvaṃ vigatonmādalakṣaṇam //

col. iti śrīvaidyapatisiṃhaguptasūnuśrīmadvāgbhaṭa-
viracitāyāmaṣṭāṅgahṛdayasaṃhitāyāṃ ṣaṣṭhe uttara-
sthāne unmādapratiṣedho nāma ṣaṣṭho 'dhyāyaḥ //

AṢṬĀṄGA SAṂGRAHA 6.7*

1. athāto bhūtavijñānīyaṃ nāmādhyāyaṃ vyākhyāsyāmaḥ / iti hasmāhurātreyādayo maharṣayaḥ //

2. aṣṭādaśa bhūtādhipatayaḥ / tadyathā / surāsuragandharvoragayakṣabrahmarākṣasa rākṣasapiśācapretakūṣmāṇḍakārkhodamaukiraṇavetālapitaraḥ ṛṣiguruvṛddhasiddhāśca / te punaḥ pṛthak koṭiparivārāḥ / teṣāmapi cāparisaṅkhyeyaḥ parivāra ityananto bhūtalokaḥ //

3. sarve 'pi ca prāyeṇāhārakāmā niśārdhavicāriṇo bhayānakā māṃsāsṛgvasāśinaḥ // api ca /

4. surāsurādisaṃvāsasaṃsargāttacchīlācārakarmatayā ca tatsaṃjñāṃ labhante //

5. teṣāṃ punaranupraveśe kāraṇaṃ sadyaḥ pūrvakṛto vā viśeṣeṇa prajñāparādhaḥ //

6. tena hi kāmakrodhalobhamohādijanite sa praluptadharmo bhinnavratācāraśauco malīmasaḥ pūjyānatikrāmannātmānam upahanti //

7. tatastamātmahanamavatāragaveṣiṇo devādigrahā apyanughnanti / tadvadunmādapasmāropaplutacittaṃ tathā jvarādyāmayāpahatamapi / viśeṣataśca vraṇinaḥ pūyāsṛksnehagandhena //

8. evaṃvidhāṃstu puruṣāneṣvāghātakāleṣvabhigacchanti //

9. tadyathā / pāpasya karmaṇaḥ samārambhe / pūrvakṛtasya vā pariṇāmakāle / ekasya vā śūnyagṛhanivāse / catuṣ-

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* Text from Vṛddha Vāgbhaṭa 1962:211-5.

pathādhiṣṭhāne vā / sandhyāvelāyāmaprayatabhāve vā pakṣasandhiṣu vā mithunobhāve / rajasvalābhigamane vā / viguṇe vādhyāpanahomabalimaṅgalaprayoge / niyama-brahmacaryavratabhaṅge vā / mahāhave vā / deśapura-kūlavināśe vā / mahāgrahopagamane vā / striyā vā prajananakāle / vividhabhūtāśucisaṃsparśe vā / vamanavirecanarudhirasrāve vā / aśucerapravatasya vācaityadevāyatanābhigamane vā / māṃsamadhuguḍatila-madyocchiṣṭe vā / digvāsasi vā / niśi nagara catuṣpathopavanaśmaśānābhigamane vā / dvijaguru-surayatipūjyavyatikrame vā //

10. tatrāvalokayanto janayanti manovikāraṃ surāsuragrahāḥ / spṛśanto gandharvāḥ / samāviśanto bhujagāḥ / yakṣāścātmāndhamāghrāpayantaḥ / rākṣasāvāhayanto dhiruhya / tathaiva piśācādyāḥ / darsayantah pitaro'bhi-śapanta ṛṣiguruvṛddhasiddhāḥ //

11. tatra śīlavantaṃ cokṣācāraṃ śuklāmbaradharaṃ tapaḥ-svādhyāyaparaṃ prāyaḥ śuklapratipaditrayodaśyāṃ caturdaśyāṃ caturdaśyāṃ paurṇamāsyāṃ vā devā gṛhaṇanti / krodhanaṃ kadaryamātmasambhāvinaṃ kularūpagarvitaṃ kṛṣṇadvādaśyāṃ kṛṣṇatrayodaśyāṃ sandhyayoścāsurāḥ / priyanṛtagītavāditragandhamālyāmbaraṃ paradārarataṃ cokṣācāraṃ prāyaścaturthyāmaṣṭamyāṃ dvādaśyāṃ caturdaśyāṃ ca gandharvāḥ / svapnaśīlaṃ capalam animittakrodhanamarthasiddhaṃ brāhmaṇaṃ prāyaḥ pañcamyāṃ

AS 6.7

sandhyayormadhyāhne ca nāgāḥ / sattvabalarūpagāndharva dhanaśauryayuktaṃ mālyānulepanahāsyapriyamativyākaraṇaṃ prāyaḥ śuklasaptamyāmekādaśyām ca yakṣāḥ /

12. svādhyāyatapovratacaryādevayatigurupūjārataṃ bhraṣṭaśaucaṃ vā brāhmaṇamabrāhmaṇaṃ vā brahmavādinaṃ śūraṃ māninaṃ devagārasalīlakrīḍanapriyaṃ ca skhalitabrahmacaryaṃ prāyaḥ śuklapañcamyāmaṣṭamyāṃ pūrṇacandradarśane sandhyāsu ca brahmarākṣasāḥ //

13. hīnasattvaṃ piśunaṃ stenaṃ lubdhaṃ śaṭhaṃ prāyo dvitīyātṛtīyāṣṭamīṣu rāskasapiśācādayaḥ / kalipānapriyamasūyāvantaṃ paruṣabhāṣiṇaṃ bahvāśinaṃ ca kṛṣṇanavamīdvādaśyorniśi ca rākṣasāḥ //

14. ātmaślāghinaṃ kūṭasākṣyapradaṃ paropatāpinaṃ ca caturdaśyāṃ piśācādayaḥ /

15. mātāpitṛguruvṛddhasiddhācāryopasevinaṃ prāyo daśamyāmamāvāsyāṃ ca pitaraḥ / tadvidhameva ca prāyaḥ ṣaṣṭhyāṃ navamyāṃ ca guruvṛddhasiddhāḥ / tathaiva ca snānaśucivivikstasevinaṃ dharmaśāstraśrutikāvyakuśalamṛṣayaḥ //

16. teṣāṃ tu grahīṣyatāṃ pūrvarūpāṇi bhavanti / tadyathā / devagobrāhmaṇatapasvināṃ hiṃsārucitvaṃ nṛśaṃsābhiprāyatā kopanatvamaratirojovarṇacchāyābalavapuṣāṃ copataptiḥ svapne devādibhirbhartsanaṃ pravartanaṃ ca //

17. tatra saumyadṛṣṭiṃ gambhīramapradhṛṣyamakopanaṃ śucimanidraṃ bhojanānabhilāṣiṇamalpasvedamūtrapurīṣavācaṃ saṃskṛtavādinaṃ devadvijagurubhaktaṃ

AS 6.7

śuklamālyāmbarasaritpulinaśailoccabhavanadadhikṣīra-
surabhipriyaṃ cirādakṣiṇī nimīlayantaṃ varapradātāraṃ
śubhagandhaṃ varcasvinaṃ phullapadmopamamukhaṃ
devagraheṇa gṛhītaṃ vidyāt //

18. tatrāpi govṛṣamiva nadantaṃ dīptamukhanayanamādīptena
svareṇa sarvamābhāṣamāṇamīśvareṇa / meghastanitavidyud-
vṛṣṭīrvācā visṛjantamindreṇa / dhanāni vācā pra-
yacchantamācchidantaṃ ca dhanadena / surāsava-
samagandhaṃ kāṣṭhatṛṇarajjvādisarvaṃ pāśamabhimanyamānaṃ
varuṇena //

19. jihmadṛṣṭiṃ duṣṭātmānaṃ krodhanamatṛptaṃ sasvedagātraṃ
devabrāhmaṇagurudveṣiṇaṃ nirbhayamabhimāninaṃ śūraṃ
vyavasāyinaṃ rudro 'hamindrohamupendro 'haṃ skando
'hamityādi bhāṣamāṇaṃ vikṛtavācamasakṛddhasantaṃ
surāmiṣaruciṃ dantairnakhaiśca parān hiṃsantamasureṇa //

20. svācāraṃ hṛṣṭātmānaṃ śubhagandhamalpavyavahāraṃ
nṛtyantaṃ gāyantaṃ mukhavādyānikurvantaṃ priyodyāna-
pulinaraktavastrasnānamālyānulepanadhūpānnapānahāsa-
līlāśṛṅgārakathāgāndharvagandharveṇa / tatrāpi
śiro dhūnanaṃ kalahaṃ kurvantaṃ saṃrambheṇa jāgarūkaṃ
paṭhantaṃ hasantaṃ hasanena //

21. krodhanamanīśaṃ niśvasantaṃ bhramantamātapatrāt
trasyantaṃ raktākṣaṃ stabdhadṛṣṭiṃ jihvāṃ lolayantaṃ
sṛkkinyau lihānamadhomukhaśāyinaṃ calaṃ vakragāminaṃ
vilamavalokya sarpavadūrdhvaṃ prasarantaṃ jalaugha-

AS 6.7

ghanadundubhisvanairhṛṣyantaṃ kṣīraghṛtaguḍamadhu-
snānamālyapriyaṃ gātrāṇi kampayantaṃ dantaiḥ khādantaṃ
jale 'vatīrṇamuttaraṇamanicchantamuragena //

22. asakṛt svapnarodanahāsanṛtyagītapāṭhkathānnapāna-
snānamālyadhūpagandharaktavastraratiṃ raktatrasta-
viplutākṣaṃ drutaṃ sagarvaṃ mattamiva gacchantaṃ
vastrāntamutkarṣayantaṃ calitāgrahastaṃ bahubhāṣiṇaṃ
strīlolupaṃ madyāmiṣapriyaṃ sannahya śastraṃ mṛgaya-
māṇamatibalamavyathaṃ hṛṣṭaṃ tuṣṭamalparoṣaṃ kiṃ
kasmai dadāmīti vādinaṃ śubhagandhaṃ varcasvinaṃ
dvijātivaidyaparibhāvinaṃ rahasyabhāṣiṇaṃ yakṣeṇa //

23. tatrāpi hṛṣitaromāṇamūrdhvekṣaṇaṃ prahṛṣṭanayanaṃ
caṇḍaṃ paruṣaṃ mahāninādaṃ maṇivareṇa / rahohasita-
nṛtyagītānyācarantamākīrṇemaunamāsevamānaṃ vikaṭena //

24. hāsanṛttapriyamākrośinaṃ pradhāvinaṃ devadvijabhiṣag-
dveṣiṇaṃ mantravedaśāstrābhidhāyinaṃ kāṣṭhaśastrādi-
bhiścātmānamāghnantaṃ chidraprahāriṇaṃ vaidya-
randhrānveṣiṇaṃ bhoḥśabdavādinaṃ paruṣaṃ raudraṃ
ceṣṭaṃ śīghragāminaṃ brahmarākṣasena / tatrāpi
vikṛtasvaraṃ bhāṣayantamutrāsayantaṃ brahmavādinaṃ
saṃskṛtabhāṣiṇaṃ bahuśastoyaṃ yācantaṃ yajñasenena //

25. sakrodhadṛṣṭiṃ bhrukuṭimudvahantaṃ bhairavāsyaṃ
tvaritamabhidhāvantaṃ ruvantaṃ sasaṃbhramaṃ praharantaṃ
naṣṭanidraṃ niśāvicāriṇamannadveṣiṇamanāhāramapy-
atibalinamannakāle hasantaṃ nirlajjaṃ śūraṃ roṣaṇaṃ

AS 6.7

apriyavādinamaśuciṃ strīmadyamāṃsaraktamālyapriyaṃ
raktamāmiṣaṃ vā dṛṣṭvoṣṭhau parilihantaṃ dīnaṃ
śaṅkitaṃ dhāvantamakasmādrudantaṃ hasantaṃ gāyantaṃ
nṛtyantaṃ nirarthakaṃ paribhāṣamāṇaṃ rākṣasena /
tatrāpi puruṣacchaviṃ bhūmiṃ tāḍayantamakasmād
rudantaṃ viśākhena / bhinnagadgadakaṇṭhamaṅgāni
bhañjayantaṃ jihvā parilihānamakṣamālayā japamānaṃ
śaucamabhīkṣṇaṃ kurvāṇaṃ saṅgamena / meghavidyudud-
ayāyāsate krudhyantaṃ jalavṛṣṭiṃ samantānmanyamānaṃ
śakaṭaniṣpīḍinaṃ vidyunmālinā / āmamāṃsapalalamūla-
kāpūpaparamānnayācinaṃ rūkṣacchaviṃ virūpākṣeṇa //

26. asvasthacittaṃ naikatra tiṣṭhantaṃ paridhāvinaṃ
dayitanṛtyagītahāsocchiṣṭamadyamāṃsaśūnyanivāsaratiṃ
purastādabhighnantaṃ nirbhartsanāddīnaśaṅkitavadanaṃ
nakhairātmavapuṣi likhantaṃ naṣṭasmṛtiṃ baddhābaddha-
bhāṣiṇamakasmādrudantaṃ duḥkhānyāvedayamānamuddhvasta-
rūkṣadehasvaraṃ durgandhamaśuciṃ nagnaṃ malinaṃ rathyā-
cailatṛṇābharaṇaṃ saṅkarakūṭakāṣṭhāśvārohiṇaṃ lolaṃ
bahvāśinaṃ piśācena / tatrāpi bhojanaṃ dṛṣṭva hasantaṃ
visvaraṃ krośantaṃ nityabhītaṃ kaśmalena / sarvagātrāṇi
spandayantaṃ muhurmuhurdhāvantaṃ bhīṣayamāṇaṃ kuśena /
vaidyaṃ dṛṣṭvā kupyantaṃ bhramadbhojinaṃ bahvāśinaṃ
bhasmaguṇṭhanaśayanaṃ striyomārge rundhānaṃ mūtra-
purīṣavimardinaṃ nistejasā / pretākṛticeṣṭāgandhaṃ
tṛṇacchedinaṃ bhītamāhāradveṣiṇaṃ pretena //

AS 6.7

27. bahupralāpamugravākyaṃ vilambitagatiṃ kṛṣṇavadanaṃ śūnapralambavṛṣaṇaṃ kūśmāṇḍena //

28. nagnaṃ dhāvantamakasmādaśmakāṣṭhādi gṛhītvā bhramantaṃ tṛṇavīramālyanivasanamuttrastadṛṣṭiṃ paruṣābhidhāyinaṃ śmaśānaśūnyaikavṛkṣarathyāniṣevinaṃ tilānnamadyāmiṣa-saktadṛṣṭiṃ kārkhodena //

29. ugravādinaṃ raktasyanetramannābhilāṣiṇamudakaṃ prārthayamānaṃ maukiraṇena //

30. satyavādinaṃ parivepinaṃ dhūpagandhamālyaratimati-nidrāluṃ vetālena //

31. aprasannadṛṣṭiṃ calannetrapakṣmāṇaṃ śaṅkitekṣaṇaṃ dīnavadanaṃ saṃśuṣkatāluṃ nidrāluṃ pratihatavācamapa-savyavastramalpāgnimarocakinaṃ tilaguḍapāyasamāṃsaruciṃ ca pitṛgraheṇa //

32. ṛṣiguruvṛddhasiddhānāmabhiśāpānudhyānānurūpavihāra-vyāhārāhāraṃ tadgraheṇa gṛhītaṃ vidyāditi / bhavati cātra //

33. lakṣayet jñānavijñānavākceṣṭābalapauruṣam /
puruṣe 'pauruṣaṃ yatra tatra bhūtagrahaṃ vadet //

34. kumāravṛndānugataṃ nagnamuddhatamūrdhajam /
asvasthamanasaṃ dairghyakālikaṃ sagrahaṃ tyajet //

col. ityuttare saptamo 'dhyāyaḥ /

AS 6.9

could not be successfully traced to earlier sources and are reproduced below:

15. snehakāle ca vātotthe tailaṃ śairīṣamiṣyate /

mahākalyāṇakaṃ paitte pañcagavyaṃ kaphodbhave //

25. aśvagandhājagandhogragandhālaśunasarṣapaiḥ /

rāsnākāyasthagolomiyuktaistailaṃ vipācitam //

gomūtrasadṛśaṃ pānanasyābhyaṅgānuvāsanaiḥ /

sarvonmādagrahālakṣmīpāpmāpsmāranāśanam //

. . .

col. ityuttare navamo 'dhyāyaḥ /

AṢṬĀṄGA SAṂGRAHA 6.9*

1. athāta unmādapratiṣedhaṃ nāmādhyāyaṃ vyākhyāsyāmaḥ / iti hasmāhurātreyādayo maharṣayaḥ //

2. ṣaḍunmādā bhavanti vātapittakaphasannipātādhiviṣa-nimittāḥ / tatronmādo nāma ya unmārgagaiḥ śarīra-mānasairdoṣairmanaso madaḥ //

3. teṣāṃ punarunmārgagatve hetuḥ śamalaṃ vikṛtopahitam-ahitamanucitamannapānavidhinirapekṣamāhārajātamaty-upakṣīṇadehānāṃ vyavāyavyādhivegasamudgame viṣama-śarīraceṣṭopasevā devadvijagurūllaṅghanaṃ vā rāgadveṣajanitābhirādhibhirmanovighāto viṣopaviṣa-yogo vā /

4. ebhirhīnasattvasya manasyupahate buddhau pracalitāyām atyudīrṇatvāddoṣāḥ prakupitā hṛdayamupasṛtya mano-vahāni srotāṃsyāvṛtya janayantyunmādam //

5. tatra śirasaḥ śūnyatā cakṣuṣorasvasthatvaṃ svanaḥ karṇayorucchvāsādhikyamāsyasaṃsravaṇamannānabhilāṣo 'rocako 'vipāko hṛdayagraho 'sthāne dhyānāyāsasam-mohodvegāḥ satataṃ romaharṣo jvaro 'bhīkṣṇamunmatta-cittatvamudarditvamarditākṛtikaraṇaṃ vyādheḥ svapne ca darśanamabhīkṣṇaṃ bhrāntacittacalitānavasthitānāmapra-śastānāṃ rūpāṇāṃ tilapīḍakavaccakrādhirohaṇaṃ vātakuṇḍalikābhirunmathanaṃ nimajjanaṃ kaluṣāṇām ambhasāmāvarteṣu cakṣuṣoścāpasarpaṇamiti doṣanimittānām

* Text from Vṛddha Vāgbhaṭa 1962:219-23.

AS 6.9

unmādānāṃ pūrvarūpāṇi / tato 'nantaramunmādābhi-
nirvṛttireva //

6. sāmānyaliṅgaṃ manobuddhismṛtyādisaṃpramoṣaḥ /

7. tataśca deho hatasārathiriva ratho 'karṇadhāra iva cāpsu plavaḥ sukhaduḥkhācāradharmādharmapralupto 'kasmād bhramati //

8. tatravātādasthānasmitahasitanṛttagītavāditravāg-aṅgavikṣepavāgbhedabhrūvikṣeparodanakrośanāsphoṭanāni paryaṭanamajasramāsyāt phenāgamo yānamayānairalaṅkaraṇam analaṅkārikairdravyairlobhā 'bhyavahāryeṣu labdheṣu cāvamānastīvraṃ mātsaryaṃ kārśyaṃ pāruṣyamutpiṇḍitā-ruṇākṣatā jīrṇe 'nne cātibalavattvam //

9. pittāt krodhaḥ santarjanamakasmānmuṣṭiloṣṭakāṣṭha-śastrairabhidravaṇaṃ nagnatā pracchāyaśiśirābhiratir udakābhilāṣaḥ santāpaḥ pītavasraṃsanamanimittamanala-jvalanopaśaṅkāhni tārakādarśanaṃ tāmraharitahāridra-saṃrabdhākṣatvaṃ ca //

10. kaphādalpavākceṣṭāhāratvamarocako vamathuruṣṇasevā-lālāsiṅghāṇakasravaṇaṃ rahaḥ kāmatā strīpriyatvaṃ nidrābībhatsatvaṃ śaucadveṣaḥ śvayathurāsye śukla-stimitamalāvilākṣatā bhukte rātrau ca balavattvamiti / bhavati cātra //

* * *

The remainder of the chapter reproduces verbatim passages from AHr 6.6 on therapeutics or paraphrases analogous passages from Car. See the translation of this chapter (AS 6.9) for details. AS 6.9.15 and 25, however,

MĀDHAVA NIDĀNA 20*

With the exception of MN 20.30 all of MN 20, the chapter on unmāda, has been taken from selected portions of Car and Su. See the translation for details. MN 20.30 is reproduced below:

30 praviśyāśu śarīraṃ hi pīḍāṃ kurvanti duḥsahām //

* Text from Mādhavakara 1960: Vol. 1, Pp. 372-89.

ŚĀRṄGADHARA SAṂHITĀ 1.7.33-39*

See translation regarding context of these passages.

33. madāḥ saptasamākhyātā vātapittakaphaistrayaḥ /
tridoṣairasṛjā madyādviṣādapi sa saptamaḥ //

34. madātyayaścaturddhā syādvātapittakaphādapi /
tridoṣairapi vijñeya ekaḥ paramadastathā //

35. pānājīrṇaṃ tayā caikaṃ tathaikaḥ pānavibhramaḥ /
pānātyayastathā caikaḥ dāhāḥ sapta matāstathā //

36. raktapittāttathā raktāttṛṣṇāyāḥ pittatastathā /
dhātukṣayānmarmaghātādraktapūrṇodarādapi //

37. unmādāḥ ṣaṭsamākhyātāstribhirdoṣastrayaśca te /
sannipātādviṣājjneyaḥ ṣaṣṭho duḥkhena cetasaḥ //

38. bhūtonmādā viṃśatiḥ syuste devāddānavādapi /
gandharvātkinnarādyakṣātpitṛbhyoguruśāpataḥ //

39. pretāccaguhyakādvṛddhātsiddhādbhūtātpiśācataḥ /
jalādhidevatāyāśca nāgācca brahmarākṣasāt //
rākṣasādapi kūṣmāṇḍātkṛtyāvetālayorapi //

* Text from Śārṅgadhara 1966:76-7.

APPENDIX 3.

TRANSLATION OF PRIMARY SANSKRIT SOURCES

...*

a. One afflicted with bile (pitta) unmāda engages himself in songs and dancing.

(Phlegm [śleṣma] unmāda)

b. A phlegmatic man always enjoys phlegmatic food,
And by day he frequently sleeps, from which phlegm increases.

c. This increase tends upwards from the heart, leaving [the heart of] the man in the 10 vessels.
It occludes the thought bearing paths and thus brings an end to understanding (saṃjñā).

d. This man whose understanding has been shattered moves his various limbs about;
At one point he dances while singing, and then he laughs and cries.

e. Alone and frightened, without people, he is also white and torpid
Having few friends and limited activities-- this is the man with pathogenic phlegm unmāda.

(Combined [sannipāta] unmāda)

f. The one who eats everyting, arousing the pathogenic elements (doṣa) as stated above,
He contracts the combined unmāda with all the symptoms .

g. In the case due to loss of wealth or the death of a loved one,
He worries about it, and his understanding is shattered by the worry.

h. Since it is by the misfortune that understanding is shattered, normalcy shall return;
He worries about these things and chatters on about them.

i. One should know "exogenous" (āgantu) to be the the fifth type. And so this is the [exposition of the] unmāda of the embodied ones.

---

*Numerous lacunae, including a substantial part of the present chapter on vāta and pitta unmāda, exist in the 1921 edition owing to problematic Mss.

Bhela Saṃhitā 2.7

j. One should know the treatment for all these types of unmāda

(The nature of the bodily doṣas)

The doṣas so produced by the body circulate within the body.

k. They strike only the body, and the purity is inherent like the self.

(Means of remedying the above doṣas)

Since they do not assault the mental essence, neither Piśācas nor Rākṣasas.

l. Nor by the righteous gods (devas) nor those between who turn on men.

m. Employing emetics and purgatives with non-oily and oily enemas,
A man never contracts the horrible unmāda diseases.

So said the Venerable Ātreya,
This being the 7th Chapter of Bhela's Nidāna Section.*

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* Bhela 2.7 is composed entirely of anuṣṭubh verses or fragments thereof.

BHELA SAṂHITĀ 6.8

And now we shall elucidate the therapeutics for unmāda,
So said the Venerable Ātreya.

1. Five types of unmāda have been discussed
   in detail in the Nidāna section,
   With their symptoms and etiology,
   listen now to their treatment.

2. It is due to an increase [of doṣas] etc. among the senses
   and a movement of those
   Which reach the mind, between skull and palate,
   supreme of all the senses.

3. Since the sensory impressions reside there
   with their subjective essences,
   One knows the related phenomena, the three
   emotional states, that it bestows.

a. And there is power in an emetic such that
   this sense-of-all (i.e. manas) becomes strong.

b. Thinking is the source of all awareness (buddhi),
   which is associated with the heart (hṛdaya).

c. And of the other cures, thinking is the
   source of them all.

d. Good-thinkers travel the path of truth,
   bad-thinkers go along a bad road.

e. What is known with the mind is the thinking,
   from that the attaining is accomplished.

f. Consequently, the intellectual-judgmental faculty (buddhi)
   prevails, and one deliberates about what is and is not
   to be done.

g. Since buddhi is sought for an awareness of the actions
   that are potentially agreeable or disagreeable,

h. Moreover, from becoming aware of what is to be known,
   it is here said of the enlightened man that

i. This faculty of awareness (buddhi) is also proclaimed
   to be the highest self in the body.

j. Similarly, there is an act, deeds which by being done
   produce a cure among men.

k. And these [activities] which are inherent in cognition
   (manas), thinking (citta), and awareness (buddhi)
   are the [salutary] deed.

Bhela 6.8

l. (The causes of the *doṣas* of the mind, thoughts etc.)

m. Listen now to the principle causes of those who become tainted.

n. The aroused *doṣas* rise, collecting between the top of the skull and the palate.

o. They immediately contaminate the cognitive faculty (*manas*) and then thinking becomes disordered.

p. Having resulted in a disorder of thinking (*citta*), it brings on the ruin of the intellectual-judgmental faculty (*buddhi*).

q. Now then, with an affliction of the *buddhi*, potentially agreeable and disagreeable actions are not differentiated.

r. Thus arises the horrible disease called *unmāda*.

s. (The difference between *mada* and *unmāda*)

t. Now I shall distinguish *unmāda* from *mada*.

u. From grief, anger, sexual arousal, and the loss of objects--

v. With thinking and cognitive faculty disturbed-- there is a rapid onset of *mada*.

w. Without cause he is immersed in thought, he falls asleep, or bursts into tears.

x. He laughs without reason and is suddenly asleep; he says little and is always restless.

y. His body trembles and his eyes are depressed, he is wrathful and lacking shame.

z. He stares straight ahead and is not averted from that direction.

a'. His hair of his body is rough and his eyes quick.

b'. These are the characteristics of one who has what is known by the term *mada*.

c'. But as that *mada* intensifies, it passes to the condition of *unmāda*.

Bhela 6.8

d'. And there are forms which arise from wind, phlegm, and bile.

e'. The wise also know a type of unmāda consisting of a combination.

f'. The symptoms have been described in what has been said about unmāda.

g'. (Therapeutics for apasmāra also effective for unmāda)

h'. It has already been described in the Nidāna section, listen now to their therapeutics.

i'. To a dear one or any other one should apply the fivefold treatment (emetic, purgative, sternutatory, unctuous enema, and non-oily enema).

j'. Or give him curd and ghee potions to drink, or a derivitive of śaireya.

k'. Śatapākam, balā oil, and the great piśāca ghee,

l'. And the one who is rendered unmāda should always employ mahākṣāra with coagulated milk,

m'. And those remedies which are known to dispell apasmāra.

n'. All of them are certainly to be applied in cases of unmāda.

o'. (The necessity of terrorizing the mentally disordered person with whips, beatings etc.)

p'. Strike him with whips, terrify and beat him.

q'. Frighten him with an elephant, or else with a horse or snake.

r'. One might also scatter burning grass all about to restore him.

s'. Or else bringing before him burning pāribhadraka with heated coals;

t'. Used only with cooling substances, after which one may sprinkle him with water.

Bhela 6.8

u'. Or one might stretch him out in a stream
and hold him in the current.

v'. Or some one after throwing him down,
might torture him with hunger.

w'. For no apparent reason armed men might
scare him.

x'. Physicians may frighten him with various
sorts of terrors,

y'. Because intense terrors create a modification
of thinking from fear,

z'. And [eliminating the state of] fear is indeed
said to be a proper objective of thinking.

a". However, being terrified with a weapon may
also produce disturbed thinking.

b". The prince, consistent with his real purpose,
might indicate that there is an ulterior motive.

c". (Therapeutics for unmāda with emetics etc.)

d"e". One should administer emetics, ointments, and
errhines with kṣāra (a caustic substance)
and kṣārāgada
For unmāda, along with the remedies that
subdue apasmāra.

f". And give him old ghee to drink to
overcome the unmāda;

g". Ghee which has stood in a jar a hundred
years is said to be best.

h"i" Properly crush fermenting gruel and garlic
with goat's urine
In drinks, ointments, and errhines
for a case of wind (vāta) unmāda.

j". For unmada [generally], begin with this
together with old ghee.

k". A physician who is a physiological therapist
should apply these remedies.

Bhela 6.8

l". A wind (i.e. spiritual) therapist should pay homage to the moon* and make oblations.

m". And these sacrifices are surely deeds which lead to peace for the individual.

n". The rules for the performance of these deeds which are enunciated in the Veda are to be applied, and they cure unmāda.

Thus said the venerable Ātreya
In the 8th Chapter in the Therapeutics Section of Bhela.**

* Candrakarmāṇi here replaces caṇḍakarmāṇi "passionate acts" in the 1921 printed edition. "ḍa" was supplied by the editor for a missing akṣara that could as easily have been "dra".

**Bhela 6.8 is composed entirely of anuṣṭubh verses or fragments thereof.

CARAKA SAṂHITĀ 2.7

Col: This being the 7th chapter in the section on Pathology, composed by Agniveśa and restored by Caraka, it is called "Pathology of Unmāda".

1. We shall now elucidate the pathology of severe mental disorder (unmāda).

2. So indeed as the Venerable Ātreya declared it.

3. In this sytem there are actually five types of unmāda, namely the result of pathogenic wind (vāta), bile (pitta), and phlegm (kapha), a combination of these (sannipāta), and exogenous factors (āgantu).

4. And of these, the four caused by the pathogenic bodily elements (doṣa) follow directly in the following types of people:

   (1) those who are fearful,

   (2) those whose mental clarity (sattva) is afflicted,

   (3) those in whom the doṣas are aroused by incorrect application of the rules of consumption relating to:
      (1) foods which have become defiled with filth,
      (2) foods which are improperly gathered, and
      (3) foods which are improperly produced;

   (4) those who employ unsuitable magical practices, and

   (5) those who undertake other inappropriate physical activities producing either:
      (1) bodily exhaustion,
      (2) an assault of the cognitive faculty (manas) with the delirium from an attack of a disease,* or
      (3) an attack with the onslaught of increasing desire, anger, greed, excitement, fear, silliness, fatigue, sorrow, anxiety, agitation, etc.

   When the cognitive faculty (manas) is stricken and the intellectual-judgmental faculty (buddhi) is confused; the doṣas being excited are impelled, and after flowing to the heart (hṛdaya), they enter the vessels leading

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* vyādhi-vega-samudbhramita might alternatively have been rendered "disease, excitement, and bewilderment". The ambiguity of dvandva and tatpuruṣa compounds is a recurring problem.

**Cf. AS 6.9.4n.

to manas and cause unmāda.

5. One should know the unmāda which follows to be a disorder of the perceptual-cognitive faculty (manas), the intellectual-judgmental faculty (buddhi), awareness, understanding, memory, trust, character, movements, and behavior.

6. These are its prodromal characteristics:

(1) emptiness of the head,

(2) perplexity in the eyes,

(3) sound in the ears,

(4) excessively deep breathing,

(5) driveling from the mouth,

(6) desire for inedibles, inappetence, and indigestion,

(7) heart palpitation,

(8) inappropriate rumination, fatigue, confusion, and agitation,

(9) hair frequently on end with excitement,

(10) repeated fever,

(11) crazed thinking,

(12) swelling (or spasm?),
(13) rawness with a form of swelling* or from illness,
(14) a repeated vision in dreams of torment containing confused, pointless, unstable, and unpraiseworthy sights, such as climbing onto the presser wheel of a sesame oil press, being shaken off by the wind as the wheel revolves, sinking** into the whirlpool of turbid waters, and receding from sight.

(They are the prodromal characteristics of the unmādas caused by the doṣas.)

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* ardita. Possibly tetany or other convulsive disturbance.

** Cf. Su 6.62.6,7 and AS 6.9.5.

Car 2.7

7.1 Then unmāda will surely follow directly. Further differentiating the subtypes of this unmāda are the following:

(1) relentless running about,

(2) various movements of the eyes and eyebrows, lips, shoulder, jaw, fingers, feet and limbs for no reason whatsoever.

(3) continuous, directionless outpouring of words,

(4) saliva coming from the mouth,

(5) combination of repeated and inappropriate smiling, laughing, dancing, singing, and playing instruments,

(6) mimicking the sound of the vīṇā, flute, conch shell, and cymbals,

(7) traveling without travel arrangements,

(8) adorning himself with unseemly things,

(9) desire for unobtainable foods and sharp contempt and dissatisfaction for that which is at hand,

(10) emaciation,
(11) coarseness,
(12) turgid, red, unbroken swelling,

(13) aggravated condition resulting from the use of substances in opposition to the therapy for pathogenic wind (vāta).

Thus are the symptoms of vāta unmāda.

7.2 (1) impatience, anger, and inappropriate rage,

(2) striking himself or others with a knife, clumps of earth, whip, stick, or clenched fist,

(3) assaultiveness,

(4) craving for dense shade, cold water and food,

(5) being very hot,

(6) coppery red, brownish yellow, or pale yellow unbroken swellings which are inflamed,

(7) aggravated condition resulting from the use of substances in opposition to the therapy for pathogenic bile (pitta).

Thus are the symptoms of pitta unmāda.

7.3 (1) standing in one place,

(2) being silent,

(3) seldom going out,

(4) flowing of saliva and phlegm,

(5) desire for inedibles,

(6) desire for solitude,

(7) repulsiveness,

(8) adverse to cleanliness,

(9) continuous sleeping,

(10) swelling in the mouth,

(11) unbroken swellings covered with white, moist slime,

(12) aggravated condition resulting from the use of substances in opposition to the therapy for pathogenic phlegm (kapha).

Thus are the symptoms of kapha unmāda.

7.4 But when the symptoms of the three pathogenic elements are combined, this is known as the combination subtype. Those who are skillful regard it as incurable.

8. Now these are the cures for the three that are curable:

(1) application of unguents, sudorifics, emetics, and purgatives,

(2) enema of ghee and oily enema,

(3) tranquilization,

(4) treating the nose with vapor fumigation, aromatic ointments, and sternutatory powders,

(5) sprinkling and annointing limbs and entire body,

(6) striking, binding, and keeping him down,

(7) terrifying, surprising, and causing him to forget,

(8) fasting,

(9) blood-letting,

(10) regulating the diet according to the proper mixtures for the individual,

(11) one may also employ the specific medicine or therapeutic maneuver in combination with the above to counteract any other pathology.

9. And here is [a sloka]:

The best of physicians can heal the curable unmādas arising from the doṣas
By acting in accordance with the precepts which have been acclaimed.

10. But there is also a category of unmāda which has distinct etiology, prodromal characteristics, symptoms, theoretical basis, and therapy from the types of unmāda caused by the doṣas, and it is regarded as exogenous (āgantu). Some seek its cause in the effect of a previously committed unpraiseworthy deed or deeds, but according to the great Punarvasu Ātreya, culpable insight (prajñā aparādha) is really the cause. For it is because of this prajña aparādha that one is contemptuous toward the Gods (Deva), Seers (Ṛṣi), Fathers (Pitṛ), Celestial Musicians (Gandharva), Yakṣas, Rakṣasas, Piśācas, Teachers (Guru), Elders (Vṛddha), Accomplished Ones (Siddha), Religious Preceptors (Ācārya), and Honorable Men (Pūjya) and thereby behaves improperly; or else he undertakes some equally unpraiseworthy activity. Stricken by himself, the assaulting gods and the rest render him insane (unmatta).

11. Here then are the prodromal characteristics of one who is afflicted with exogenous unmāda due to the fury of the gods and the rest,

(1) an appetite for injuring gods, cows, Brahmans, and ascetics,

(2) inclined towards rage,

(3) intentions of injuring men,

(4) discontent,

(5) debility of vitality, comeliness, complexion, strength, and physical features;

(6) in dreams he is terrified and impelled by the gods and the rest.

Unmāda is then the immediate consequence.

12. Furthermore, there is a differential onset according to the causes of these disorders, i.e. according to the particular entity (bhūta) producing unmāda:

(1) observing him Gods (Deva) produce unmāda,

(2) Teachers, Elders, Accomplished Ones, and Great Seers (Guru-Vṛddha-Siddha-Maharṣi) by cursing him,

(3) Fathers (Pitṛ) cause one to see,

(4) Gandharvas by touching,

(5) Yakṣas by taking possession,

(6) but Rākṣasas by causing him to smell raw flesh,

(7) Piśācas mount his back and make him carry them.

13. These are his characteristics:

(1) greater than normal strength, heroism, valor, courage, comprehension, attention, memory, understanding, speech, and discernment;

(2) impulsive episodes of unmāda.

14. Men will indeed be approached under the following circumstances by Gods, Seers, Fathers, Gandharvas, Yakṣas, Rākṣasas, and Piśācas or Teachers, Elders, and Accomplished Ones who will cause unmāda:

(1) upon undertaking an evil act,

Car 2.7

(2) at the time when a previously committed deed matures,

(3) while dwelling alone in an empty house,

(4) when arriving at the juncture of four roads by oneself,

(5) at dawn or dusk when unprepared to perform the proper devotions,

(6) while engaging in sexual intercourse when the moon is full,

(7) while cohabiting with a menstruating woman,

(8) when improperly attending to one's studies, bali sacrifices, auspicious undertakings, and oblations,

(9) upon violating observances, vows, and the celibacy of a student (brahmacarya),

(10) during a great battle,

(11) when one's kingdom, family, or town is destroyed,

(12) upon the approach of a great planet (i.e. eclipse),

(13) at the time when a woman is giving birth,

(14) upon contact with various beings, that which is unclean, and impurity,

(15) while one is vomiting, purging, or bleeding,

(16) when impure or unprepared and one approaches a temple or alter to the gods,

(17) upon eating meat, honey, sesamum, treacle, intoxicating beverages, or rejected leftovers,

(18) while undressed,

(19) at night upon entering a city or town or approaching a cross-roads, park, cremation grounds, or slaughter-house,

(20) upon offending the twice-born, teachers, gods, ascetics, and honorable men,

(21) upon transgressing stories illustrating the dharma,

v) or upon undertaking another unpraiseworthy deed.

Thus are the times of assault specified.

15. Now then, there are indeed three objectives in the mental disorder on the part of the bhūtas who cause unmāda: injury, pleasure, and honor. One may know which of these it is by the distinct indications of the objectives manifest in the individual's insane behavior. Thus, one who has been rendered unmāda for the sake of injury enters fire, plunges into the water, falls from the ground into a pit, strikes himself with a knife, whip, piece of wood, dirt, or his fists, and he resorts to some other means to commit suicide. One should regard him as incurable, but the two others are curable.

16. The cures for these two are: sacred formulas (mantra), medicinal herbs, precious stones, charms, bali offerings, gift offerings, oblations, observances, vows, expiatory practices, fasting, obtaining blessings, prostrating oneself, traveling and other such things.

17. These five types of unmāda have thus been explained.

18. And these five are reducible to two dichotomous pairs, either endogenous (nija) and exogenous (āgantu) or curable and incurable. Since the above stated causes are sometimes present in combination, there may be mixed types. Therefore, both the prodromal characteristics and the symptoms are also mixed; and furthermore, a combination of incurables as well as a combination of curables with incurables amounts to an incurable mixed type, whereas a combination of curables amounts to a curable mixed type. A cure for this mixed type requires a combination of the cures for its components.

19. And here there are [ślokas] :

Neither Gods nor Gandharvas nor Piśācas
  nor Rākṣasas
Nor the others afflict the man who is not
  self-afflicted.

20. Regarding those who turn on him who is
  afflicted by his own deed,
His distress is not caused by them,
  since what has not been produced by them
  is not to be produced by them.

Car 2.7*

21. In the case of a malady produced by an act of the individual, being the result of culpable insight (prajñā-aparādha),
The wise man does not blame the Gods (Deva), Fathers (Pitṛ), or Demons (Rākṣasa).

22. He should regard only himself as the agent of his happiness and misery;
Therefore, he should keep to a salutary path and not falter.

23. Honoring the Gods and the rest and devoting oneself to what is wholesome--
Whether doing these or the antithesis, all of that reaches him in the self (ātman).

24. The categories, causes, prodromal characteristics, symptoms, and whether treatable or not
Have been discussed in this pathology of unmāda with a precis of the remedies.

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* The entire chapter is prose with the exception of 9,19-24 which are ślokas.

CARAKA SAṂHITĀ 6.9

Col: Herein the foremost of physicians has discussed the causes of the endogenous (nija) and exogenous (āgantu) types of severe mental disorders (unmāda) along with the etiology, symptoms, and treatment. The essential part having been composed by Agniveśa, incompletely restored by Caraka, and completed by Dṛḍhabala, it is the ninth chapter entitled "Therapeutics of Unmāda" in the section on therapeutics.

1. We shall now elucidate the section on the therapeutics of unmāda.

2. So indeed as the Venerable Ātreya declared it.

3. Punarvasu--protector of living creatures and the abode of the intellectual-judgmental faculty (buddhi), memory (smṛti), wisdom (jñāna), and religious austerity (tapas)--
He lectured to Agniveśa, when requested, on the causes, forms, and remedies of unmāda.

4. Unmāda is caused by prohibited, spoiled, or unclean foods and by the attack of Gods (Deva), Sages (Guru), and Brahmans (Dvija);
And the perceptual-cognitive faculty (manas), already aroused by fear, is stricken with coarse jesticulations.

5. As a result of these, the defiled impurities of an individual having limited mental clarity pollute the heart, which is the abode of the intellectual-judgmental faculty (buddhi),
They enter the vessels leading to the perceptual-cognitive faculty (manas) and immediately infatuate the mental activity of a man.

6. Diffuse rumination and the inundation of mental clarity, accumulating pressure and indecision in his gaze,
Unrestrained speaking and emptiness in the abode of intellect (hṛdaya)--
these are the usual indications of the unmāda disease.

7. This one whose mental activity is infatuated is neither happy nor sad, and lacking good conduct and righteousness, how then can he possibly find peace?
Bereft of memory, buddhi, and awareness, this one wanders about, his mental activities helter-skelter.

<u>Car 6.9</u>

8. They say that <u>unmāda</u> is the totally bewildered state of intellectual-judgmental, cognitive, and memory faculties, and that its onset is due to exogenous and endogenous factors.

The etiology is fivefold, and I will now discuss the symptoms and treatment of each.

9. Pathogenic wind (<u>vāta</u>) is greatly increased by food that is dry, of insufficient quantity, or cold; by purgation, decay of the bodily elements, and fasting.
After polluting a heart that is susceptible to anxiety and the rest, it quickly strikes the <u>buddhi</u> and memory.

10. The symptoms of the <u>vāta</u> condition are inappropriate laughter, smiling, dancing, singing, speech, waving the limbs about, weeping,
Harshness, emaciation, and reddish complexion. After digesting food, it is more intense.

11. As a result of the accumulation of foods which are indigestible, bitter, sour, hot, or not cold, there is an attack of excited bile (<u>pitta</u>),
And as before, after settling in the heart of an extremely delirious person, it quickly causes <u>unmāda</u>.

12. Impatience, excitement, nudity, a threatening attitude, much running around, feeling hot, and anger
Are symptomatic of the <u>pitta</u> condition. One desires dense shade, cold food and water, and has a butter-colored complexion.

13. An excess of warm phlegm (<u>kapha</u>) accumulates in the vulnerable region [i.e. the heart] of one whose activities have been slowed by a fullness in the stomach.
After striking the <u>buddhi</u> and memory, it produces infatuated thinking and the disease.

14. The characteristics of the <u>kapha</u> condition include lèthargic speech and action and loss of appetite; he loves his wife and seclusion* and sleeps to excess.
He is nauseated and slobbers, and it is more intense when he eats; his nails and other parts are white.

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* <u>nārī-vivikta-priyatā</u> has been incorrectly taken by translators (Caraka 1947), commentators (Caraka 1969), and

15. There is an extremely dreadful variety with compounded force that is caused by a combination of all the pathogens.
For one who suffers from all the subtypes, incompatible therapeutic procedures are to be avoided.

16. Exogenous (āgantu) unmāda is caused by the assault of Gods (Deva), Seers (Ṛṣi), Gandharvas, Piśācas, Yakṣas, Rākṣasas, and Fathers (Pitṛ);
And it is the result of improperly executed religious vows and promises etc. or an action or actions in a previous life.

17. He whose speech, courage, heroism, and actions are of immortal dimensions by virtue of his knowledge and related qualities, his prowess, strength and the rest,
And who has impulsive episodes of unmāda--about him one might venture that his unmāda is caused by a supernatural being (bhūta).

18. Though the Gods and the rest do not pollute the body of a man with the power of their own attributes,
They quickly enter, invisibly, just like the reflection in a mirror or heat in a sun-crystal.

19. Now then, since the prodromal characteristics at the time of onset of an attack by the gods etc. were stated in the section on pathology (2.7.12),
Hear now of the various forms of unmāda, the times, and the individuals who are susceptible to them.

20.1 One may be regarded as rendered unmāda by the Gods (Deva) who has a placid gaze, who is serious, unapproachable, and dispassionate, who does not desire sleep nor food, who has scanty perspiration, urine, feces, and flatus, who has a pleasant odor and a face like a full blown lotus blossom.

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later texts paraphrasing the passage (AS 6.9.10) to imply increased sexual activity. The phrase, however, when viewed in the context of the rest of the passage and in light of a contemporary parallel passage (Su 6.62.10), clearly refers to the patients preference for wife and home over an active social life, and consequently decreased rather than increased sexual activity is the more consistent inference.

Car 6.9

20.2 One may be regarded as rendered unmāda by the Teachers, Elders, Perfected Ones, and Seers (Gūru-Vṛddha-Siddha-Ṛsi) whose behavior, diet, and speech characteristically reflect their curse, spells, or desires.

20.3 One may be regarded as rendered unmāda by the Fathers (Pitṛ) who has a dull gaze and is undiscerning, who is inclined towards sleep, whose speech is hostile, who desires inedibles (i.e. pica), lacks an appetite, and is taken with indigestion.

20.4 One may be regarded as rendered unmāda by the Celestial Musicians (Gandharvas) who is (passionate, impetuous, fiery, serious, and unapproachable; who)* enjoys musical instruments played with the mouth, dance, music, food, drink, bathing, garlands, incense, and pleasant odors; who likes to wear red clothing and reproves the bali ritual with humorous stories; and who has a pleasant scent.

20.5 One may be regarded as rendered unmāda by Yakṣas who is repeatedly sleeping, crying, or laughing; who is fond of dance, song, musical instruments, texts, stories, food, drink, bathing, garlands, incense, and pleasant odors; who has red tearful eyes; who berates Brahmans and physicians; and who discusses secrets.

20.6 One may be regarded as rendered unmāda by Rākṣasas whose sleep is disturbed; who is adverse to food and water and is very strong even though he does not eat; who is fond of knives, blood, meat, and blood-red garlands; and who is threatening.

20.7 The main features of one who may be regarded as rendered unmāda by Brahmarākṣasas are his loud laughter and dancing. He also has loathing and contempt for gods, sages, and physicians; he recites panegyrics, canonical verses, and holy teachings; and he injures himself with sticks and other such objects.

20.8 One may be regarded as rendered unmāda by Piśācas whose thinking is abnormal; who is uncomprehending of propriety, who is dancing, singing, and laughing; whose chattering is sometimes restrained and sometimes not; who is fond of stepping to the top of assorted rubbish heaps and stepping on the grass, stones, and sticks

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* The parenthetical portion is not found in many Mss.

of bad carriage roads; whose voice is cracked and harsh; who is naked; who runs about aimlessly and is never standing in one place, who makes his sorrows known, and who has lost his memory.

21.1 In such cases the Devas overwhelm the man who is pure,* experienced in religious austerities and his studies by focusing on his peccadillos, usually on the first or thirteenth part (tithi) of the bright lunar fortnight.

21.2 The Ṛṣis overwhelm one who is devoted to bathing, purity, and solitude, and who is well versed in the sayings of the divine law (dharmaśāstra) and holy canon (śruti), usually on the sixth and ninth part.

21.3 The Pitṛs overwhelm one who is highly devoted to his mother, father, teachers, elders, accomplished ones, and spiritual guides, usually on the tenth part and on the new moon day.

21.4 The Gandharvas overwhelm one who likes poems of praise, singing, and musical instruments, who is fond of another man's wife, pleasant fragrances, and garlands, and whose conduct is pure,* usually on the twelfth and fourteenth part.

21.5 The Yakṣas overwhelm one who is distinguished by his intelligence, strength, good looks, heroism, and pride, who is fond of garlands, soothing oils, and good humor, and who talks too much, usually on the bright eleventh and seventh part.

21.6 The Brahmarākṣasas overwhelm one who dislikes scriptural studies, austerities, discipline, fasting, chastity, and the veneration of gods, ascetic devotees, and teachers, who is either a Brahman no longer pure or a non-Brahman who says he is a Brahman, one who considers himself a hero, and who likes to sport about in the water of the temple, usually on the bright fifth part or upon seeing the full moon.

21.7 Rakṣas-Piśācas overwhelm one who lacks mental clarity, who is slanderous, lusting after women, and deceitful, usually on the second, third, or eighth part.

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* Caukṣa-ācāram "pure behavior" but ca-okṣa-ācāram "and behavior of a bull", i.e. sexually promiscuous, is also possible. The Gandharva personality (21.4) supports this alternative rendering.
Also, N.B. AS 6.7.18.

21.8 Thus, of all the innumerable possessions, these eight which are indeed the most well-known have been explained in the preceeding.

22. Certainly now, in each of the above cases one who is overcome by his rage and is without concern for what might befall others or himself is surely to be regarded as incurable. So moved, if one should have tearful eyes, blood coming from his penis, an injured tongue, blood dripping from his nose, or if he has cut through his skin, if he cannot be silenced and is always mumbling, if he has bad coloration, suffers from thirst, and is foul smelling, he should be known to have been rendered unmāda with intentions to do injury. The physician should abandon him.

23. But recognizing the unmāda as that of craving for paying homage to the deities and for sensual pleasure from the patient's aspirations and conduct, the physician should then treat him with a mixture of food and ritual oblations according to the precepts of the sacred verses and medical practice.

24. We shall now explain briefly but thoroughly the therapeutic procedures for the two types of unmāda, endogenously (nija) and exogenously (āgantu) based.

25. For pathogenic wind (vāta) unmāda a preliminary untuous
beverage is carefully selected,
But if the bowel is obstructed, the physician prepares
a mild purgative with the unctuous beverage.

26. However, for pathogenic phlegm (kapha) and bile (pitta)
unmāda an emetic with a purgative are added to that
preliminary unctuous beverage,
And the patient is to be treated with sudorific oil.
Gradual purging should proceed until the patient has
been cleansed.

27 Then the physician may employ a purging enema, an
unctuous enema, and errhines,
Using as much as required by the extent
of the disorder.

28. By means of emetics and the rest, the heart,
sense organs, head, and viscera
being thoroughly cleansed,
The perceptual-cognitive faculty (manas) attains
clarity and regains memory function and
understanding.

29. If there is disturbed behavior of the purified one, the use of hot substances, sternutatories, ointments,
Beating and jolting the manas, buddhi, and body are salutary.

30. One who perseveres in his rude behavior is restrained with ligatures that are firm but gentle;
And he is to be restrained in a dark room cleared of iron objects, sticks etc.

31. Threats, terrorizing, gifts, thrills, conforting, fear,
And flustering his memory and motives leads to a normal mind (manas).

32. Poultices, rubbing ointments, vapors, and drinks of ghee
Are to be prepared, and they will awaken the faculties of cognition, intellect-judgment, and memory.

33. For the exogenous type (āgantu) the ghee drinks etc. and sacred formulas (mantra) etc. are the preferred expedients.
Hear now of the most effective applications for curing unmāda.

34-42.1 (Kalyāṇaka Ghee)

42.2-44 (Mahākalyāṇaka Ghee)

45-48 (Mahāpaiśācika Ghee)

49-51 (Laśunādya Ghee [preparation of garlic])

52-56 (Another Laśunādya Ghee)

57 (Hiṅgvādi Ghee [preparation of Asafetida])

58-60 (Purāṇa Ghee [preparation of old ghee-10 years])

61-63 (Prapurāṇa Ghee [very old ghee-100 years])

63-75 (Nasya Añjana Yogāḥ [errhine and ointment preparations])

76. [the immediately preceding preparation] for use mainly in wind and phlegm conditions, but in the bile condition the following are very highly praised:
Bitter and vivifying ghee and mixed oils.

77. Cold foods and drinks that are
    sweet and mild,
    Or a learned physician may let blood
    from the juncture of the temple and the hairline;
    This also for various types of unmāda, fever (jvara),
    and epilepsy (apasmāra) as well.

78. Or satisfied with ghee and meat, place him comfortably
    in a secure place;*
    Leaving aside disordered thinking and memory and
    attaining understanding, he is released.

79. Or a friend may console him with words
    of virtuous and practical value;
    Or he may speak of the death of his
    beloved or show him extraordinary things.

80. Bound and smeared with mustard oil,
    he may be stretched out on the ground
    in the heat of the sun;
    One might touch him with cowhage (a barbed plant),
    heated iron, oil, or water.

81. Or after beating him with whips etc. he is
    securely bound in a deserted house;
    For this may stop the discursive thinking,
    thereby leading to peace of mind.

82. With a snake whose tooth is removed,
    or tamed lions and elephants,
    One may frighten him with armed men, thieves,
    and enemies.

83. Or else the king's men after leading him
    outside and restraining him securely,
    They might frighten him with their weapons,
    threatening with the order of the king.

84. Since fear for one's life is held to be
    supreme over the fears of bodily suffering,
    By this measure his disordered mind (manas) shall
    always attain composure.

85. But one whose mind is stricken as a result
    of the loss of loved ones or material objects,

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* nivāta, cf. asylum.

May be led to equanimity by acquisition
of a similar object or with cheering
words of consolation.

86. The condition which is produced from desire, grief,
fear, anger, excitement, envy, and greed
May be led to equanimity with those very states that
oppose one another.

87. Cognizant of the territory, one's age, character,
the doṣa, season, and strength and weakness--
One should apply these to the cure of unmāda
produced from the doṣas and the bhūtas.

88. However that may be, for the individual rendered unmāda
by Devas, Ṛṣis, Pitṛs, or Gandharvas, the Discerning
one
Avoids hot ointments and the rest
and severe actions.

89. For one should here use beverages of ghee etc.
and mild therapeutics;
Worship, food offerings, oblations, sacred formulas,
and applications of collyrium to the eyes in
the prescribed manner.

90. Acts for peace, sacrifices, and oblations;
whispering prayers and traveling for blessings
As well as disciplines prescribed in the Vedas
and expiatory rites--one should employ these.

91. The pious one who honors the king of the bhūtas,
lord of the Devas, and master of the earth,
He always conquers the fear produced by
unmāda.

92. Classes under Rudra called "Tormentors" (Pramatha)
roam the world,
Whoever pays them homage is freed from the various
types of unmāda.

93. With food offerings, charms, oblations, and
possession of medicinal herbs and drugs,
With honesty, good conduct, austerities, wisdom,
generosity, disciplines, and vows

94. And by honoring gods, cows, Brahmans, and teachers,
The exogenous type attains tranquility--
also with supernormal powers, sacred formulas, and
medicinal herbs.

Car 6.9*

95. Whatever therapeutics will be prescribed
 for apasmāra,
 They are to be administered for unmāda because of
 the similarity between the two of etiology
 and that which is susceptible to pathology.

96. One who avoids meat and intoxicating beverage,
 who desires what is wholesome and is pious and pure,
 This clear-headed one contracts neither
 endogenous (nija) nor exogenous (āgantu) unmāda.

97. And sense perceptions are clear as are functions
 of the intellect, self, and mind;
 In the normal healthy condition of the bodily
 elements, there are no symptoms of unmāda.

98. (translated with colophon at beginning of this
 chapter)

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* 3-19 are all tristubhs in upajāti meter, except 10-11 which are indravajrā meter; 20-24 are prose; 25-97 are ślokas.

SUŚRUTA SAṂHITĀ 6.60

Col: Included here in the final section of the Suśruta Saṃhitā is the 60th chapter with the essentials of the knowledge of bhūtas entitled "Treatment For the Attacks of Non-Humans".

1-2. And now we shall elucidate the chapter on the treatment (pratiṣedha) for the attacks of non-human beings as it was proclaimed by the Venerable Dhanvantari.

3. One who suffers from a wound must always be protected from those who wander in the night.
This topic, which was raised earlier, will be discussed at length.

4. One who knows what is presently unknowable and what has not yet come to pass, who is unstable and impatient,
Or whose behavior is unlike that of a human, he may be regarded as possessed by a demon (graha).

5. They may attack one who is either impure, disrespectful, or wounded; or if he is not wounded,
They attack merely for the sport of injury, or because they are made welcome (satkāra).

6. There are innumerable classes of demons, but the chief ones,
Which manifest themselves in various forms, may be divided into eight different types.

7. Among these are the Gods (Deva), classes of their enemies (Devaśatru), Celestial Musicians (Gandharva), Yakṣas, Fathers (Pitṛ), Serpent Demons (Bhujaṅga),
Rākṣasas and Piśācas. These are the eight categories of "gods" (deva) called demons:

8. He who is satisfied and pure and who has the appropriate scent and garlands; who is hearty and whose speech is truthful and polished;
And who is energetic, resolute, granting wishes, and pious--he is a man who is afflicted by the gods (Deva).

9. He who is sweaty, speaks ill of twice-born, teachers, and gods; whose eyes are deceitful; who lacks fear and has an eye for evil ways;
Whose character is polluted and who is satisfied by neither food nor drink--he is afflicted by the enemies of the gods (Devaśatru).

Su 6.60

10. A joyous character who frequents river banks and the forest interior, who is well-behaved, likes to go about singing, and is fond of fragrances and garlands;
Who while jumping about bursts out laughing; and who is agreeable and reserved--this man is tormented by Gandharva demons.

11. He who has copper-red eyes and is fond of wearing fine red clothes; who is serious, quick thinking, speaking little, and patient;
Who is energetic; and who says "What shall I give to whom?"--this man is tormented by a Yakṣa demon.

12. A tranquil soul with clothes covering his left side; who gives water and spreads out the rice balls in the proper arrangement for the deceased;
Who is desirous of meat and seeks sesamum, treacle, and the milk-sugar-rice preparation (pāyasa) and eats them--he is subdued by the Father (Pitṛ) demons.

13. One who sometimes moves on the ground like a serpent and rubs the corners of his mouth with his tongue;
Who is drowsy and desirous of treacle, honey, milk, and the milk-sugar-rice preparation (pāyasa)--he should be known to be afflicted by the Serpent Demon (Bhujaṅgama).

14. One who seeks meat, blood, and the various excitements of alcohol; who is shameless, extremely cruel and powerful;
Who is violent and immensely strong; and who stalks about in the night and loathes purity--he is seized by a Rakṣas.

15. He who raises his hand; who is emaciated, obnoxious, chattering at length, foul smelling, grossly impure, and thrashing about a great deal;
Who eats much and has a predilection for deserted places, the cold, water, and the night; and who is extremely agitated and wanders about weeping--he is afflicted by a Piśāca.

16. He who has dull eyes and a hurried gait; who swallows his own saliva; who is drowsy, falls and trembles excessively;
And who when he falls from a rock, elephant, and a tree etc. does not recover--he is afflicted by a worsening condition.*

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* N.B. variant in MN 20.26: "he is incurable after 13 years."

Su 6.60

17. Deva demons enter on full moon day, the Asuras at the morning and evening twilights;
Gandharvas usually on the eighth part (tithi) and Yakṣas on the first part of the waning fortnight,
18. Fathers during the light fortnight* and Serpents (Uraga) on the fifth part,
Rakṣases at night and Piśācas on the fourteenth part.

19. As a reflection is to a mirror or the like, as cold and heat are to sentient beings,
Like a ray of the sun is to one's jewel, as the soul enters the body--
So the demons enter the embodied ones but are not seen.

20. Severe austerities, generosity, vows, righteousness, discipline, and truth
As well as the eight qualities are always present in those demons, dissipated and consolidated according to his strength.

21. They do not consort with men nor do they ever take possession of men,
And those who say that they do take possession are to be disregarded since that kind of knowledge about the bhūtas is pure delusion.

22. There are innumerable attendants of these demons, and it is they who stalk about in the night,
Who devour blood, fat, and flesh, who are exceedingly terrible, and who take possession of him.

23. Of those night-stalkers, those whose condition is determined by god-classes (deva-gaṇa)
Because they share their essence, they should be known as annointed by them.

24. And these who are called god-demons (deva-graha) are impure,
And they are revered and invoked as if they were gods.

25. They have the character, actions, and behavior of their masters, and this is the case for each of the supernatural classes.
He is regarded as the progeny of those daughters of

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* "dark fortnight" in a variant reading.

Su 6.60

Doom (Nirṛti).

26. Among those who have deviated from the proper values,
their behavior is formed by the attributes of
Nirṛti's daughters.
They are all intent on injury, sport, or
divine character.

27. The technical term "bhūta" has been given to them
by the experts;
Consequently, the physician knows the the bhūtas,
the so-called demons (graha), by this former term.

28. With this knowledge the healer is very intent
in his desire to calm them,
And so it is called "The Science of Bhūtas"
(Bhūtavidyā).

29a Muttering prayers with observances and oblations,
he begins to treat it.

29b- Blood, fragrant garlands, seeds, honey, and ghee
30a are all to be taken in accordance with the general rules.

30b- On those days when they injure men,
31 he should generally give to them
Clothes, fragrant garlands, meats, and
blood.

32. On those days, to become free of the supernatural
being, he should
Make an oblation into the fire in the deva temple
to the deva demon and offer food (bali).

33. A collection of holy grass (kuśa), auspicious charms,
pūpa bread, oily oblations, mushrooms, and the
rice-milk-sugar preparation (pāyasa)
Are spread in the four directions at the appropriate
times for the antagonists of the gods (Asura).

34. Intoxicants, meats, and jungle water are spread about
in the midst of the cos of Gandharva;
Inside the pleasant house of a Yakṣa there should be
fermenting gruel, blood, and surā liquor.

Su 6.60

35. He should offer bali with the pearly white shrub,
jasmine, lotuses, and flowers
Sacrificed to the Father-demons at the river,
having adorned it with the spreading of holy grass.

36. And in the very same place he should also
make a variety of bali offerings for the snake demon
(nāga);
For Rākṣasas at the juncture of four roads or
in fearsome and secluded places.

37. In the empty house of a Piśāca he should
make an offering of spicey bali
Preceded by observances and sacred formulas
(mantra), suggested by his knowledge of
the supernatural beings (bhūta).

38. When they cannot be overcome with offerings of bali,
he should offer them other expedients
Such as the hide and hair of a ram and bear,
the spicules of a porcupine, or the feathers of an
owl.

39. He should use asafetida and the vapor of the
urine of a goat;
By this he shall allay even a strong demon.

40-53 (Passages describing a variety of preparations using herbs, minerals, and animal products that are applied as ointments, vapors, powders, enemas etc. Su 6.60.47 mentions Rauwolfia serpentina (sarpagandha), which is well-known for its active ingredient--reserpine--as it has found its way into the Western pharmacopaeia as a tranquilizer and for the treatment of hypertension, though less so in recent years because of side effects.)

54. After a short while one should gradually stop
the unguents and the rest.
In the case of the Devatā demon he should not
administer any substance that is impure.

55.* He should not move against the affliction of the
Piśāca in other than the proper manner;
They are resolute, angry, very powerful, and may
launch an attack against the physician and the
patient.

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* This admonition repeated in AHr 6.5.49.

Su 6.60*

56. The physician should always undertake to perform
that which is said to be agreeable and disagreeable;
As a result he will acquire success, respect, and fame.

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* Verses 3-6,17-56 *śloka*s, a relatively free meter with 8 syllables per quarter-stanza (*anuṣṭubh*); 7 is in *indravajrā*, a meter with 11 syllables per quarter-stanza (*triṣṭubh*); and 8-16 are in *praharṣinī*, a meter with 13 syllables per quarter-stanza (*atijagatī*).

SUŚRUTA SAṂHITĀ 6.62

Col: Included here in the final section of the Suśruta Saṃhitā is the 62nd chapter entitled "Treatment For Unmāda", being the third successive chapter on the knowledge of bhūtas (bhūtavidyā).

1-2 We shall now elucidate the chapter on the treatment of unmada as it was proclaimed by the Venerable Dhanvantari.

3. The afflicting doṣas infatuate
   after waywardly entering the vessels,
   And the subsequent disease of the cognitive faculty
   (manas) is the notorious unmāda.

4. An excessive increase of the three pathogenic bodily
   elements (doṣa), singly and in combination,
   And the type due to mental anguish--these are said
   to be the five categories.

5. There is also a sixth type arising from a poison,
   which itself may be a therapeutic;
   It is a mild and rudimentary variety,
   bearing the name "mada".

6. Foolishness and agitation, a sound in the ear,
   drawing in of the limbs,
   Extraordinary endurance, no desire to eat,
   and dreams of befouled foods,*

7. Dreams also of being thrown down by the wind
   and wandering or going in circles;
   Subsequently, this one will soon manifest
   unmāda.

8. Rough skin followed by harshness of the voice or
   physiological canals, pain from the cold, an
   emaciated body, and trembling limbs and joints;
   He shakes, roams about, sings, and likes to dance,
   he cries out and wanders--caused by an excess
   of wind.

---

* A variant reading has kaluṣamajjanam "sinking in filth" for kaluṣabhojanam. In the context of the next line, this suggests an awareness of Car 2.7.6 in the variant Ms.

9. He has intense thirst, sweat, and fever, he eats too much and is sleepless, and he likes the shade, cool breeze, and walking at the water's edge;
He is hot even when immersed in a quantity of cold water, and he is afraid of fire; he sees stars in the sky during the daytime--from bile (pitta).

10. There is a combination of vomiting, weak digestion, exhaustion, lack of appetite, and cough;
he is fond of his wife* and seclusion and has little thought of going out;
Sleep becomes primary, he says little, eats little, and seeks warmth;
and it becomes severe at night--from excessive phlegm (kapha).

11. The character of all three mixed together are known to assume the form of wind, bile, and phlegm types.
They say the combined symptoms are incurable, although some say the combined type is curable.

12. When one is terrified by robbers, royal personages, enemies, and others of that sort,
or the loss of wealth and relatives;
And from a desire for sexual pleasure with a beloved woman in one whose mind is severely shattered,
there also arises a much more severe disorder of the mind (manas).

13. He mutters whatever various foolish things come to mind,
he sings, laughs, cries, and has infatuated mental awareness;
His eyes are red, the radiance of his strength and the lustre of his senses are gone; he is very depressed;
his face is brown, and having been poisoned, it may be fatal.

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* Cf. Car 6.9.14 and N.B. the note on that passage.

Su 6.62

14. One should employ unguents and sudorifics to purify men suffering with unmāda,
Used with hot herbs that are double acting and purgatives of the head (i.e. errhines),

15. And various sternutatories together with mustard seeds and oils;
After applying, use its powder for smelling.

16. One might always fumigate him with thoroughly cleansed flesh of dogs and cows,
And the nasal remedy and liniment with the oil of mustard seeds is always salutary.

17. Show him various surprises or tell him of the death of a loved one,
And present fearful looking men and snakes with ferocious teeth, but without poison.

18. One may frighten him while restrained in bonds, or beat him with whips,
Or secretly rescue him and scare him with a grass fire.

19. Or one might also frighten him with water or make a display of ropes for hanging;
A strong one should guard him and keep him in the water;
One might strike him with a knife, or strike him in a vulnerable area and abandon him.
Leading him into a house and watching him, set the house on fire.

20. Or even placing him in an old well or making him live there,
And give him rice gruel or refreshments every three days;

21. Or the learned one might leave him alone without water or feed him sour gruel,
And burn a suitable object of his that is important to him.

22-29 (This is an additional section found in one Ms. only. It describes preparations from animal, vegetable, and mineral substances.)

30-32 (Preparations similar to those of 22-29 are described.)

Su 6.62*

33. The physician might open the veins in the chest,
corner of the eye, and forehead
Which has also been noted as effective for apasmāra
and demons.

34. He should endeavor to calm the doṣas and
purify with unctuous enema.
In all types of unmāda he should try to
clarify the patient's thinking,
And he should treat excitement (mada)
gently at first with moderate procedures.

35. In the fifth type of unmāda the physician
should alleviate the pain of sorrow,
And in the case of poison, he should use gentle
antidotes at first.

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* 3-7,14-34 are śloka verses, though in some cases imperfect; 8-13 are vasantatilakā verses, a meter with 14 syllables per quarter-stanza (śakvarī), however 11 contains two quarter-stanzas only.

Col: Thus in the sixth section, the uttarasthāna, of the Aṣṭāngahṛdaya Saṃhitā composed by the glorious Vāgbhaṭa, son of the gracious master physician, Siṃhagupta, is the fourth chapter entitled "On Distinguishing the Bhūtas."

We shall now elucidate the chapter on distinguishing the bhūtas. So indeed as Ātreya and the other great Seers declared it.

1. One should note the individual's wisdom, discernment,
   speech, movements, strength, and masculinity;
   Whenever a man might be non-human, a bhūta demon
   might be inferred.

2. By the manner of his appearance, temperment, speech,
   and gait etc.
   Which he undertakes with semblance to a bhūta,
   one may conclude that he is possessed by that bhūta.

3. There are eighteen distinct types,
   Devas, Dānavas etc.,
   But the cause is connected with the
   present and previous acts,

4. Culpable insight becomes excessive due to the
   arousal of desire etc.
   Righteousness, vows, and proper behavior are violated,
   and he also repudiates honorable men.

5. Thus violating the customary bounds,
   the sinner is himself the assailant;
   The gods etc. also attack, and the demons
   strike at his faults.

6. The faults include undertaking a sinful act,
   the ripening of an undesirable deed,
   Residing in an empty house alone or being in
   such places as burial grounds at night;

7. Nudity, defaming teachers, indulgence in
   unauthorized pleasures,
   The worship etc. of an impure deity,
   or contact with other impurities,

8. And inadequate attention to the oblations,
   sacred texts, bali ritual, and sacrifices;
   From a combination of disregard for the daily routine
   and prescribed conduct.

AHr 6.4

9. The Gods* possess a man on the first day of
the bright fortnight or the 13th;
The Dānava demons on the 13th day of the
bright fortnight and the 12th day of the
dark fortnight.

10. But Gandharvas on the 14th and
snakes (Uraga) on the 12th
And 5th; the lord of gifts (i.e. Kubera)
on the bright 7th and 11th.

11. Brahmarākṣasas on the bright 8th, 5th,
and full moon,
Rakṣases, Piśācas, and the rest in the
dark fortnight and the 9th, 12th, and
on the full or new moon (parvan).

12. The Fathers (Pitṛ) on the 10th and new moon
and the others on the 8th and 9th,
Teachers (Guru), Elders (Vṛddha) and the rest
are usually noted at the time of dawn and dusk.

13. One whose face beams like a full blown lotus blossom,
whose gaze is placid, who is free of anger,
Whose speech, sweat, ordure, and urine are scanty,
and who has no desire for food,
14. Who is devoted to the Gods (Deva) and Brahmans,
who is pure, whose speech is polished (saṃskṛta),
Who blinks infrequently, who is charming,
who grants boons,
15. Who likes to wear white garlands, likes rivers
and being high atop rocky peaks,
And who does not sleep and is invincible--
he may be known to have been brought under
the power of the Devas.

16. One who has a crooked gaze, is a bad character
and hates teachers, gods, and Brahmans,
Who is fearless, opinionated, strong,
inclined to anger, resolute,
17. Who is fearsome saying, "I am Skanda and Viśākha,
I am Indra,"
Who relishes surā liquor and meat--
he may be known to have been taken by a Daitya demon.

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* Sura for Deva to accommodate the meter.

AHr 6.4

18. One whose behavior is good, who is charming,
enraptured, and making songs and dance,
Who enjoys bathing and going out,
who has red clothes, garlands, and body oils,
19. Who likes erotic plays--
he may be said to be inhabited by the Gandharvas.

One who has red eyes, who is inclined to anger,
whose gaze is fixed, and who moves with a crooked gait,
20. Who breathes heavily at night, whose tongue
moves to and fro, and who licks the corners of his
mouth,
Who likes milk, treacle, and bathing, and sleeps
face downward--
21. He may be known to be possessed by the serpent (Uraga),
and he is afraid of sunlight.

One who has confused, anxious, red eyes,
who smells clean and is very bright,
22. Who is fond of dancing, stories, singing,
bathing, garlands, and body oils,
Who has a taste for fish and meat, is exhilarated,
satisfied, strong, and intrepid,
23. Who shakes his finger saying,
"What shall I give to whom?"
Who tells secrets and ridicules
physicians and Brahmans,
24. Who is irritated by trifles and has a swift gait--
he may be known to be taken by a Yakṣa.

One who is fond of laughter and dancing,
who makes fearsome gestures, and who
assails another's weaknesses,
25. Who is abusive, quick-moving, and hates
gods, Brahmans, and physicians,
Who strikes himself with sticks and knives etc.,
and derisively uses the term of respectful address,
26. Who recites the śāstras and vedas--
he may be known to be taken by Brahmarākṣasas.

One whose eyes are filled with rage, whose brow
is furrowed in bewilderment,
27. Who attacks, runs about, calls out,
and takes terrible food,
Who is strong without eating food, whose sleep is
disturbed, and who goes about at night,
28. Who is shameless, impure, powerful, ferocious,
and whose speech is offensive,
Who is passionate and fond of red garlands,
women, blood, intoxicants, and meat,

AHr 6.4

29. Who licks his lips upon seeing blood or meat, and
Who laughs at mealtime--
he may be said to be possessed by Rākṣasa.

30. One whose thinking is disturbed, who does not
stand in one place and runs about,
Who is fond of rejected leftovers, dancing,
the Gandharvas, laughter, intoxicants, and meat,
31. Who is sad-faced when censured,
who cries without cause,
Who scratches himself with his nails, and
whose appearance is rough and voice is lost,
32. Who makes known his woes,
whose conversation associates what is unrelated,
Whose memory is shattered, who enjoys nothing,
who is agitated, naked, and soiled,
33. Who wears traveling clothes,
bedecked with grass and garlands,
And mounting a wooden horse
goes to the top of a rubbish heap,
34. Who eats large amounts--
he is possessed by Piśāca.

One whose appearance, actions, and odor are that
of a Dead One (Preta), who is frightened
and despises food,
35. Who burrows in the grass--
one may refer to this man as taken by a Preta.

One who chatters to excess, has a black face,
and moves very slowly,
36. Whose scrotum is swollen and pendulous--
he may be said to be possessed by Kuṣmāṇḍa.

One who takes up sticks and clumps of dirt etc.
and wanders about clothed in rages,
37. Who runs about naked, whose gaze is frightened,
and who is bedecked with grass,
Who frequents burial grounds, deserted places,
a solitary tree, and carriage roads,

38. Whose eye is ever fixed on sesamum, food,
intoxicants, and flesh--
He may be known to be possessed by Niṣāda,
and his conversation is offensive.

39. One who begs food and water with trembling,
reddened eyes,
And speaks violently--
one may know this man to be afflicted by Maukiraṇa.

AHr 6.4*

40. One who is fond of fragrant garlands,
who is a true speaker, has tremors,
And sleeps to excess--
he may be known to be under the control of a Vetāla.

41. One who has a troubled visage, whose speech
reflects depression, whose palate is morbidly dry,
Whose eyelashes quiver, who is sleepy,
and whose luster is dulled,
42. Who wears his garment from right [shoulder] to left (
to left [side], who is fond of sesamum, meat,
and treacle,
And whose speech is faltering--
he may be known to be under the control of a
Pitṛ demon.

43. One whose anxiety is of the type conforming to the
curse of a Teacher, Elder, Seer, or Accomplished One
(Guru-Vṛddha-Ṛṣi-Siddha)--
One may describe his own speech, diet, and movements
after the fashion of those of the demon.

44. One who is followed by a crowd of children,
who is naked with disheveled hair,
Whose perceptual-cognitive functioning is abnormal,
and who has been with the demon for a long time--
one may abandon him.

* This chapter composed entirely of śloka verses.

AṢṬĀṄGAHṚDAYA SAṂHITĀ 6.6

Col: Thus in the sixth section, the uttarasthāna, of the Aṣṭāṅgahṛdaya Saṃhitā composed by the glorious Vāgbhaṭa, son of the gracious master physician, Siṃhagupta, is the sixth chapter entitled "Treatment of Unmāda."

We shall elucidate the treatment of unmāda. So indeed as Ātreya and the other great Seers declared it.

1. There are six types of unmāda, 1 each for the three
   doṣas, the combination, anxiety, and poison.
   The term unmāda refers to an intoxication (mada)
   of the perceptual-cognitive faculty (manas), in which
   the pathogenic bodily elements (doṣa) have gone
   astray.

2. Through physiological and mental contaminations from
   disagreeable food and drink,
   From consuming that which is spoiled, unwholesome,
   filthy, or unsuitable,

3. From the onset of an attack of disease in one who is
   despondent and possessing limited mental clarity,
   From inappropriate activities of a weakened person,
   from violating the honor of honorable men,

4. From the bewilderment of thinking due to anxious
   reflection, poison, and other drugs--
   Since by these in the individual lacking mental clarity,
   the doṣas in the heart are further impaired--

5. His ruminations making him vile and striking the
   passages leading to the mind,
   They render him unmāda; consequently, as a result of
   the confused ruminations, discernment, and memory,

6. The embodied one is bereft of suffering and joy,
   like a chariot with a fallen charioteer;
   He begins to wander about unconcerned--

   and from pathogenic wind (vāta), the body is emaciated,

7. There is inappropriate crying, aggressiveness, laughter,
   smiling, and dancing,
   Singing, playing musical instruments, speech, flailing
   the limbs about, and shaking,

8. Unmelodic playing of flute, vīṇā, etc.,
   and the incessant mimicry of sounds;
   Foam issuing from the mouth, perpetual roaming,
   and excessive talking;

9. He adorns himself with unseemly objects,
   and he sets out to travel without arrangements,

He is greedily desirous of food, but upon obtaining it,
he is contemptuous;
10. He has swollen, red, unbroken sores, and
when diegesting food, be becomes sick.

From pathogenic bile (pitta) there is assaultiveness
and he is enraged. He attacks with his fists, dirt,
etc.
11. Seeking coolness, shade, and water,
he is naked and has yellowish complexion.
There is a vision of non-existing burning flame
or blazing stars.

12. From pathogenic phlegm (kapha) there is inappetence
and vomiting; in this case there is little eating
and speaking.
He loves his wife and favors solitude;
there is an effusion of saliva and mucus.
13. He is repulsive, comtemptuous of purity, frequently
asleep, and has swellings in his mouth.
The unmāda is severe at night and comes on him
after eating.

14. All the factors are present in the combined form
(sannipāta), and that is its characteristic.
One should regard it as a very severe unmāda,
and the physician may avoid it.

15. One may be overpowered by the unbearable loss of
wealth or a loved one;
Pale and depressed, at one moment silly and exclaiming
"haha", or weeping.
16. Without cause he cries and reflects much
upon aspects of impending death;
Afflicted with sorrow and pondering intently,
he struggles.

17. Due to poison one may have a brown face,
his complexion, strength, and senses are gone;
In the midst of an attack he is agitated and
has red eyes. One should avoid him.

18. For vāta unmāda administer unguent beverages;
If the passages are blocked, use a mild purgative
with the unguent.

19. In cases of kapha and pitta do the same, but
use an emetic with the purgative,
an enema of oils and sudorifics, and
errhines.

AHr 6.6

20. In that way shall his mind (manas) attain the clarity
of his purified body;
The same also with due regard for pungent
sternutatory ointments,
21. Delights, encouragement, terror, fear,
beatings, and threats,
Rubbing his limbs and smearing with ointments,
use vapors and beverages with ghee.

22. One should indeed employ these things, for they shall
lead the mind of the pure one to the normal condition.

22.2-23.1 (Hiṅgvādi Ghee [clarified butter with resin of asafetida etc.])

23.2-26.1 (Brāhmī Ghee)

26.2-31 (Kalyāṇa Ghee)

32-34.1 (Mahākalyāṇa Ghee)

34.2-38.1 (Mahāpaiśācaka Ghee)

38.2-43 (Methods for alleviating unmāda)

44 (Vapors alleviating vāta and kapha unmāda)

44.2-46 (Therapeutics for pitta unmāda)

47-53.1 (Treating unmāda with terror)

53.2-55.1 (Therapeutics for unmāda arising from grief [śokaja])

55.2-56.1 (Therapeutics for unmāda caused by bhūtas)

56.2-58 (Bhūta unmāda and the bali ritual)

59. One who avoids meat and intoxicating beverage,
who desires what is wholesome and is pious and pure,
This clear-headed one contracts neither
endogenous (nija) nor exogenous (āgantu) unmāda.

60. And sense perceptions are clear as are functions
of the intellect (buddhi), self (ātman), and
mind (manas);
In the normal healthy condition of the bodily
elements, there are no symptoms of unmāda.

AHr 6.6

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* This chapter composed entirely of *śloka* verses.
N.B. the recurrence of the following verses in other texts:

AHr 6.6.14-17	=	AS 6.9.11-14,			
18-20.1	=	14, cf. Car 6.9.25-28			
20.2-22.1	=	16			
22.1	=	Car 6.9.34.1			
22.2	cf.	Car 34.2			
22.2-34.1	=	AS 6.9.17-20			
34.2-38.1	=	21, cf. Car 6.9.45-48			
38.2-40	=	27, cf. Su 6.62.30-31.1			
41-58	=	29-38			
59-60	=	39-40	=	Car 6.9.96-97	

1. And now we shall elucidate the chapter entitled "On Distinguishing the Bhūtas." So indeed as Ātreya and the other great Seers declared it.

2. There are eighteen principals among the bhūtas, viz.:

1. Sura	7. Rākṣasa	13. Vetāla
2. Asura	8. Piśāca	14. Pitṛ
3. Gandharva	9. Preta	15. Ṛṣi
4. Uraga	10. Kuṣmāṇḍa	16. Gūru
5. Yakṣa	11. Kārkhoda	17. Vṛddha
6. Brahmarākṣasa	12. Maukiraṇa	18. Siddha

These also have 100,000 different followers, and of these there are innumerable additional followers. Such is the infinite world of the bhūtas.

3. As a rule, they are all wanderers of the night who desire food, are ferocious, and consume flesh, blood, and fat.

4. Upon contact and possession by the gods, demons, and the rest (sura, asura, ādi), with their personality, conduct, and deeds they seize the individual's consciousness (saṃjñā).

5. When they enter, it is the result of a presently or previously committed deed, especially culpable insight (prajñā aparādha).

6. By means of that culpable insight one engenders desire, anger, greed, infatuation, etc.; he is devoid of righteousness; vows, good conduct, and purity are shattered; he is soiled; and he offends holy men. They do not strike the self (ātman).*

7. After so afflicting himself, the gods (deva) and the other demons wishing to descend also strike him who is self afflicted. Like that he may also be stricken with unmāda, epilepsy (apasmāra), and thinking disorder (upapluta citta) resulting from such maladies as fever etc., expecially when there is a sore smelling of pus, blood, or fat.

8. And so they approach these sorts of men, but at these times of attack:

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* Because of ambiguity owing to sandhi, "They do strike the self" is also possible. Cf. Car 2.7.19-23, especially the last.

AS 6.7

9.* (1) upon undertaking a sinful deed,

(2) at the time when a previously committed deed matures,

(3) being at a deserted abode of demons by oneself,

(4) staying at a crossroads,

(5) when not devout in piety at the time of the junctures (viz. dawn, noon, and dusk),

(6) engaging in sexual congress at the changes of the lunar fortnight (viz. full and new moon),

(7) cohabiting with a menstruating woman,

(8) upon employing ineffective teachings, oblations, bali offerings, and charms,

(9) breaking the observance of the student's vow of chastity (brahmacarya),

(10) during a great battle,

(11) upon the destruction of one's country, town, or family,

(12) upon the approach of a great planet (i.e. an eclipse),

(13) at the time that a woman gives birth,

(14) upon the impure contact with various beings (bhūta),

(15) when vomiting, puring, or bleeding,

(16) approaching a funeral mound or temple by one who is impure or lacking piety,

(17) taking meat, honey, treacle, sesamum, intoxicating beverage, or leftover remnants,

(18) when naked,

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* Paraphrase of Car 2.7.14.

AS 6.7

(19) approaching a town, crossroads, park, or cremation grounds at night,

(20) upon committing a sin against Brahmans, teachers, gods, ascetics, and honorable men.

10.* (1) Looking down the Gods and Demons (Sura and Asura) produce mental disorder,

(2) Gandharvas by touching,

(3) Serpents (Bhujaga) by entering within,

(4) Yakṣas by causing one to smell his own foul water.

(5) Rākṣasas after mounting cause one to carry them,

(6) Piśācas and the rest do the same,

(7) Pitṛs by causing one to see,

(8) Seers, Teachers, Elders, and Accomplished Ones (Ṛṣi-Guru-Vṛddha-Siddha) by cursing.

11.** The Devas seize one who is moral, dressed in white garmets, and singular in his austerities and self-study usually on the first day of the bright fortnight, the 13th, 14th, or full moon day.

The Asuras seize one who is inclined to anger, stingy, egotistical, and proud of family and appearance on the 12th part of the dark fortnight, at dawn and dusk.

The Gandharvas seize one who is fond of dance, song, instruments, fragrances, garlands, and clothes, who has been gratified by another's wife, and who is pure (cokṣācāra) usually on the 4th, 8th, 12th, and 14th.

The Snakes (Nāga) seize one who is disposed toward sleeping, who shakes, who becomes furious without cause, efficacious, and who is a Brahman usually on the 5th at dawn, dusk, and midday.

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* AS 6.7.10 paraphrases Car 2.7.12.

** AS 6.7.11-13 is paraphrase of Car 6.9.21 with additions and variations.

Yakṣas seize one who has mental clarity, strength, good looks, the bounty of the Gandharvas, together with valor; who is fond of garlands, oils for the body, and humor; and who is very discriminating usually on the bright 7th and 11th.

12. Brahmarākṣasās seize one who is gratified by scriptural study, austerities, vows, moral conduct, the gods, ascetics, teachers, and reverence; who has fallen from purity, either a Brahman behaving as a non-Brahman or the latter falsely claiming to be a Brahman; who considers himself a hero; who likes to sport about capriciously in the temple and violate the oath for students (e.g. celibacy) usually on the bright 5th, 8th, at the appearance of the full moon and dawn and dusk (<u>sandhyā</u>).

13. Rākṣasa-Piśācas and the rest seize one who is bereft of mental clarity, slanderous, larcenous, greedy, and deceitful usually on the 2nd, 3rd, and 8th parts.

Rākṣasas seize one who enjoys discord and drinking, who is querulous, whose conversation is obnoxious, and who eats too much on the dark 9th and 11th and at night.

14. Piśācas and the rest seize one who is a braggart, who gives dishonost testimony, and causes pain to another on the 14th.

15. The Pitṛs seize one who is devoted to Mother, Father, Teachers, Elders, Accomplished Ones, and Spiritual Guides usually on the 10th and new moon.

Gurus, Vṛddhas, and Siddhas usually overcome one such as this on the 6th and 9th.

Similarly Ṛṣis--one who is devoted to bathing, purity, and solitude and who is familiar with the Dharmaśāstras, canonical texts, and poetry.

16. Now then, these are the prodromal symptoms of those who will be seized:

(1) a taste for injuring gods, cows, Brahmans, and ascetics,

(2) intention of injuring men,

(3) passion,

(4) apathy,

(5) affliction of vigor, good looks, complexion, strength, and form,

(6) in dreams there are threats by the gods and the rest and mingling with them.

17. In such cases one may know him to have been seized by a Deva demon who has a placid gaze (saumya dṛṣṭi), is serious, invincible, not easily angered, pure, sleeping little, not desiring food, and having scanty sweat, urine, ordure, and speech. His language is polished (saṃskṛta), he is devoted to gods, twice-born, and teachers, he is fond of wearing white garlands, river banks, mountain tops, and the good flavor of yogurt and milk. He blinks his eyes infrequently, he grants boons, has an agreeable odor, is energetic, and he has the face of a full blown lotus blossom.

18. In such cases he takes his pleasure like a bull.* Possessed by Īśvara his face and eyes are aglow, emblazened by his voice when talking to everyone;

possessed by Indra he calls forth clouds, thunder, lightning, and rain;

by Dhanada ('Provider-of-Wealth') he talks of providing and removing fortunes;

and one who smells of surā and āsava liquors, by Varuṇa tries to ensnare everybody with wood, grass, rope etc.

19. With an Asura one has a crooked gaze, is evil-minded, prone towards wrath, dissatisfied, and his body is sweaty. He hates gods, Brahmans, and teachers, and he is fearless, boastful, powerful, and resolute, saying "I am Rudra", "I am Indra", "I am Upendra", "I am Skanda", "I am Viśākha", etc. His speech is unnatural, he is frequently laughing, he has a taste for surā liquor and meat, and he attacks others with his teeth and nails.

20. With Gandharva one is well-behaved, he excites himself, has pleasant odor and few business dealings. He dances,

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* "Bull" a rendering of govṛsa; N.B. Car 6.9.21.1,3 note.

sings, is a master of mouth-instruments, and he enjoys going out, river banks, red clothing, bathing, garlands, oils for the body, colognes, food, drink, commedy, sport, erotic pleasures, stories, and that which relates to the Gandharvas. This one also shakes his head, eager to provoke an argument, and he is ever ready to deride scriptural readings with laughter.

21. With the Serpent (Uraga) one is prone toward becoming enraged, incessantly hissing, and he wanders about. When shielded from the heat of the sun, he shakes. He has a steadfast gaze, moves his tongue to and fro, licks his lips, and sleeps face down. He moves unsteadily, going crookedly, and upon seeing a cave, he proceeds ahead like a snake. He is gladdened by the thundering sound of a coursing flood of water, and he is fond of milk, ghee, treacle, honey, bathing, and garlands. He shakes his body and he bites with his teeth. When he descends into the water, he does not wish to come out.

22. With Yakṣa one frequently enjoys sleeping, crying, laughing, dancing, singing, scriptural recitation, stories, food, drink, bathing, garlands, colognes, fragrances, and red clothing. His eyes are red, quivering, and suffused, and he is quick and arrogant, going about like a drunk. He pulls at the end of his garment, his fingers shake, and he talks too much. He takes advantage of women, is fond of intoxicating drink and meat, and arming himself with sword, he hunts and is very strong and intrepid. He is excited, satisfied, and not prone to rage, asking "What may I give to whom?" He is good-smelling and energetic, and he defies twice-born and physicians and reveals secrets.

23. Among these, with Maṇivara one's hair bristles with excitement, he looks up with excited eyes, he is impassioned, obnoxious, and makes a loud cry.

With Vikaṭa one devotes himself to seclusion, laughter, dance, and songs, among crowds behaving like a silent ascetic (muni).

24. With Brahmarākṣasa one enjoys humor and dance, he is abusive, runs about, despises gods, twice-born, and physicians, and he quotes sacred texts, the Veda, and scriptures. He strikes himself with sticks, swords, etc., and he is fault-finding, carping at physicians.

AS 6.7

He uses the respectful term of address (bho), he is irritating, his actions are fearsome, and he moves quickly.

Among these Brahmarākṣasas there is Yajñasena. With him one speaks with an affected voice. He is imposing and discourses on the Veda in grandiloquent language, and he frequently solicits offerings of water for the dead (toya).

25. With Rākṣasa one has a ferocious gaze, his brow drawn upwards. His mouth is terrifying. He rushes and runs about, crying and striking in his confusion. He cannot sleep, and he roams about at night. He hates food but is very strong though he does not eat. At mealtime he laughs, and he is shameless, powerful, and angry, saying disagreeable things. He is impure and fond of women, liquor, flesh, blood, and garlands. Upon seeing blood or meat he licks his lips. He is depressed, suspicious, and he runs about. For unknown reasons he cries, laughs, sings, and dances. He talks nonsense.

Among these Rākṣasas there is Viśākha, with whom one's skin is rough and he beats the ground and cries without cause.

With Saṃgama one's voice is cracked and faltering, he cracks his joints, and his tongue licks all around. With prayer beads he prays softly and he is constantly cleaning himself.

With Vidyunmālin one becomes angered when clouds and lightning arise ominously, the same with rain. When he is expecting these, he moves his cart away.

With Virūpākṣa one solicits raw flesh, meal made with ground sesamum, and 'the best food' (i.e. rice boiled with milk and sugar). His skin is rough.

26. With Piśāca there is abnormal thinking. One does not stand in one place, and he runs about. He enjoys his lover, dancing, singing, laughter, leftover food remnants, intoxicating drink, flesh, and living in isolation. Striking out aggressively, he then says he is depressed and suspicious because he is threatened. He scratches his body with his nails, suffers loss of memory, and his speech may be either coherent or

incoherent. He cries for unknown reasons, and he makes his troubles known. His body and voice are afflicted and rough. He is bad-smelling, impure, naked, and filthy. He bears the grass of bad roads, and he climbs onto rubbish heaps and mounts stick horses; he is restless and eats to excess.

Among these Piśācas there is Kaśmala, with whom one laughs when he sees food, cries out discordantly, and is perpetually afraid.

With Kuśa all of his limbs are made to quiver now and again, and running about he frightens himself.

With Nistejas one becomes agitated upon seeing a physician. He enjoys wandering and eats large quantities. He lays down covering himself with ashes, and he obstructs the path of a woman with a mixture of urine and rubble.

With a Preta his features, movements, and odor are those of a departed one. He breaks straws;* and he is afraid. He detests food.

27. With Kūśmāṇḍa one chatters a great deal saying horrible things. His gait is slow, his face black, and his testicles are swollen and pendulous.

28. With Kārkhoda one is naked and he runs. He wanders about picking up stones and sticks etc. for unknown reasons. He is dressed in grass, rags, and garlands, and he has a frightened gaze. He uses obnoxious expressions and frequents burial grounds, deserted places, a solitary tree, and carriage roads. His sights are fixed on sesamum foods, intoxicating drink, and meat.

29. With Maukiraṇa one has a ferocious mouth and blood-red eyes. He seeks food and desires water.

30. With Vetāḷa one is a true speaker, he shakes all over, and he is fond of cologne, fragrances, and garlands. He sleeps to excess.

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* Cf. the idiomatic Hindī expression tiṇakā toṛana 'to break straws' meaning to safeguard another from evil eye.

AS 6.7*

31. With Pitṛ demon one's gaze is unclear, his eyelashes quiver, and he looks worried. He is sad-faced, his palate dry, and he is drowsy. His speech is impeded, and he wears his garment on the right. His digestive faculty is inadequate, and he has a poor appetite. He has a taste for sesamum, treacle, the milk-sugar-rice preparation (pāyasa), and flesh.

32. Of the seers, teachers, elders, and accomplished ones (Ṛṣi-Guru-Vṛddha-Siddha), one may determine by which demon he is possessed according to his religious contemplations and according to his appearance, amusements, and conversation.

And here there are the following [ślokas]:

33. One should note the individual's wisdom, discernment,
  speech, movements, strength, and masculinity;
Whenever a man might be non-human, a bhūta demon
  might be inferred.

34. One who is followed by a crowd of children,
  who is naked with disheveled hair,
Whose perceptual-cognitive functioning is abnormal,
  and who has been with the demon for a long time--
  one may abandon him.

Col: Thus the 7th chapter in the last (uttara) section.

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* This chapter composed entirely in prose except for AS 6.7.33,34 which are śloka verses. N.B. the occurrence of the following verses in other texts, either exactly (=) or paraphrase (#), either in whole or in part:

AS 6.7.2	#	Su 6.60.23
9	#	Car 2.7.14
10	#	12
11-13	#	Car 6.9.21
15	#	"
16	#	Car 2.7.11
17	#	AHr 6.4.13-15
19	#	16-17
20	#	18-19
21	#	20-21
22	#	22-24
24	#	25-26
25	#	27-29

AS 6.7

AS 6.7.26	#	AHr 6.4.30-34
27	#	35
33	=	1
34	=	44

1. And now we shall elucidate the chapter entitled "Treatment of Unmāda." Soo indeed as Ātreya and the other great Seers declared it.

2. There are six types of unmāda: those caused by pathogenic wind (vāta), bile (pitta), and phlegm (kapha), a combination of these, anxious reflection (ādhi), and poison. That which is called unmāda is an intoxication (mada) of the cognitive faculty with physiological and mental doṣas coursing improperly through the vessels.

3. The causes of the subsequent occlusion of the passages are:
(1) impurity,
(2) the consumption of food and drink which is spoiled, unwholesome, or improper, without regard for the customary rules of procurement and preparation,

(3) undertaking inappropriate physical activities by those with extremely debilitated bodies at the onset of an attack of an intervening disease,

(4) offending the gods, twice-born, and teachers,

(5) injury to the perceptual-cognitive faculty due to the results of love and hate (rāga-dveṣa), as well as anxious reflection (ādhi),

(6) the use of drugs (viṣa) and psycho-active (upaviṣa) beverages.

4. By these the perceptual-cognitive faculty (manas) of one who is bereft of mental clarity is stricken and the intellectual-judgmental faculty (buddhi) shaken. Following a massive surge, the excited doṣas flow to the heart (i.e. locus of buddhi) and enter the vessels leading to manas producing unmāda.

5. The prodromal symptoms of the unmādas caused by the doṣas include:

(1) emptiness of the head,

(2) unhealthy eyes,

(3) a sound in the ears,

(4) extremely heavy breathing,

(5) driveling from the mouth,

(6) desire for inedibles, inappetence, and indigestion,

(7) heart palpitation,

(8) inappropriate ruminations, fatigue, silliness, and agitation,

(9) hair constantly on end with excitement,

(10) repeated fever,

(11) disordered thinking,

(12) spasms caused by a form of ardita,*

(13) a repeated vision in dreams of torment containing mentally confused, pointless, unstable, and unpraiseworthy sights, such as climbing onto the presser wheel of a sesame oil press, being shaken off by the wind as the wheel revolves, sinking into the whirlpool of turbid waters, and receding from sight.

Unmāda will then become manifest directly.

6. Common symptoms include deprivation of the perceptual-cognitive faculty, intellectual-judgmental faculty, and the faculty of memory.

7. And the body, as if its charioteer were slain, like a driverless chariot, is afloat on the waters and it drifts about without purpose, bereft of joy and pain, meaningful behavior, righteousness, and unrighteousness.

8. From pathogenic wind (vāta) there is inappropriate smiling, laughter, dancing, singing, playing of musical instruments, speech, flailing the limbs about, cracking

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* N.B. Car 2.7.6.(12)n.

of the voice, jerking the eyebrows, weeping, shrieking, and shaking. He is perpetually roaming about and foam issues from his mouth. He travels without travel arrangements, and he adorns himself with unornamental objects. He is greedy, but upon obtaining food he is extremely disdainful. He is envious, emaciated, coarse, and has red unbroken swellings. The disorder is very intense when digesting food.

9. From pathogenic bile (pitta) there is anger, assault without cause, attacking with the fists, clumps of earth, sticks, and swords. He is naked and enjoys dense shade and coolness. He seeks water and is very hot. He unaccountably falls down after drinking and fears that his digestive faculty is aflame. He sees stars in the sky in daytime and has unbroken swellings that are reddish or yellow, either pale or like turmeric.

10. From pathogenic phlegm (kapha) one speaks, moves, and eats very little, and he has no appetite. He is nauseated and seeks heat. There is driveling of saliva and phlegm. There is a desire for solitude and love for his wife, and he is drowsy. He is disgusting and loathes purity. On his mouth are unbroken swellings which are white, moist, polluted, and foul. It becomes more intense when he eats and at night.

And here there are [the following śloka verses]:

* * *

AS 6.9.1-10 are prose passages, and the remainder of the chapter (11-40) are śloka verses. All of the latter passages are either exact quotes (=) or paraphrases (#) of passages from earlier texts, as indicated below, with the exception of 15,25 which I have not been able to trace to other sources.

11. = AHr 6.6.14 on combined type (sannipāta) unmāda.

12. = AHr 6.6.15-16 on unmāda resulting from thinking (cittaja).

13. = AHr 6.6.17 on unmāda resulting from toxic agent (viṣaja).

14. = AHr 6.6.18-20.1 on treatment of endogenous (nija) unmāda.

AS 6.9

15. When applying unguents in the vāta type,
sesamum oil and śairīṣa are desirable;
The mahākalyāṇaka in the case of pitta
and the five products of the cow for kapha
[viz. milk, coagulated milk, butter, urine, and
feces].

16. = AHr 6.6.20.2-22.1 on the types of treatment.

17. = AHr 6.6.22.2-23.1 on Hiṅgvādi (asafetida etc.) Ghee.
ghee.

18. = AHr 6.6.23.2-26.1 on Brāhmī Ghee.

19. = AHr 6.6.26.2-31 on Kalyāṇa Ghee, cf. Car 6.9.34-42.1.

20. = AHr 6.6.32-34.1 on Mahākalyāṇa Ghee, cf. Car 6.9.42.2-44.

21. = AHr 6.6.34.2-38.1 on Mahāpaiśācaka Ghee # Car 6.9.45-48.

22. # Car 6.9.49-51 on Laśunādya (garlic etc.) Ghee.

23. # Car 6.9.58 on the use of Purāṇa Ghee etc.

24. # Car 6.9.63 on effective types of therapeutics.

25. Therapeutic decoction of herbs and cow urine for all types of unmāda and apasmāra.

26. # Car 6.9.64.2-66.1 suggesting therapeutic preparation of herbs and goat urine for unmāda and apasmāra.

27-38 = AHr 6.6.38.2-58 on various therapeutics.

39-40 = AHr 6.6.59-60 = Car 6.9.96-97 on the efficacy of salutary lifestyle and the characterization of the cured condition.

MĀDHAVA NIDĀNA 20

This chapter on unmāda in the Mādhava Nidāna, with the possible exception of 20.30, contains no original material. It is a collection of exact quotations with essentially minor variants of verses from Caraka and Suśruta. I am unable to locate the source of 20.30 however.

1.	-	Su 6.62.3
2-3.	-	4-5
4-6.	-	Car 6.9.4-6
7-13.	-	9-15
14-15.	-	Su 6.62.12-13
16.	-	1.33.25
17.	-	Car 6.9.17
18-29.	-	Su 6.60.8-19

30. For immediately upon taking possession [the demons (graha)] produce unbearable pain.

31-33.	-	Su 6.60.20-22

ŚĀRṄGADHARA SAṂHITĀ 1.7

The Śārṅgadhara Saṃhitā has no chapter devoted exclusively to unmāda as do the previously considered texts. There are, however, several passages (śloka verses) that are germane in Śārṅ 1.7 dealing with mada, unmāda, and bhūtonmāda:

33. There are seven types of mada: vāta, pitta, and kapha are three,
These three in combination, blood, intoxicating drink (madya), and drugs (viṣa) make seven.

34. Four types may procede from mada, including vāta, pitta, and kapha;
The three in combination is also one and is considered the superlative category.

35. With these there is also indigestion from drinking and the bewilderment from drinking;
In addition the effect of drinking, there is another type from fevers, making seven intoxications.

36. [The six fevers are the result of] blood-bile (rakta-pitta), blood, and thirst,
From the decay of the bodily elements (dhātu-kṣaya), a wound in a vital area, and from a collection of blood in the abdominal region.

37. Six types of unmāda have been identified: three corresponding to the 3 doṣas,
The combination of these, drugs, and mental suffering (cetaso duḥkha) make six.

38. There may be twenty types of unmāda caused by the bhūtas:*

(1) Deva	(11) Siddha
(2) Dānava	(12) Bhūta*
(3) Gandharva	(13) Piśāca
(4) Kinnara	(14) Jalādhi Devatā
(5) Yakṣa	(15) Nāga
(6) Pitṛs	(16) Brahmarākṣasa
(7) Guru-śāpa	(17) Rākṣasa
39. (8) Preta	(18) Kūṣmāṇḍa
(9) Guhyaka	(19) Kṛtyā
(10) Vṛddha	(20) Vetāla

* The term bhūta is applied as both generic for the twenty types and as a specific class among them.

APPENDIX 4.

GLOSSARY AND CONCORDANCE

OF SELECTED SANSKRIT TERMS

GLOSSARY AND CONCORDANCE

OF SELECTED SANSKRIT TERMS

The following glossary and concordance contains a sampling of principal terms, their usage and occurrence in the passages reproduced in appendixes two and three. While it is hoped that this effort will have been of some utility, it is not represented as complete or comprehensive in its present form.

- A -

AKOPANA
not angry, not emotional.
Car 6.9.20.1
AHr 6.4.13
AS 6.7.17

AKṢATA
not wounded.
Su 6.60.5

AKṢATĀ
unbroken swelling or tumor.
Car 2.7.7.1,7.2,7.3(-tva)
AS 6.9.9(-tva),10(-tva)

AKṢAN
eye.
BhS 6.8.y
Car 2.7.7.1;6.9.20.5
Su 6.60.9,11,16;6.62.13
AHr 6.4.19,21;6.6.17
AS 6.7.21,22;6.9.13

AGNI
fire; digestive faculty.
Car 2.7.15
Su 6.60.32;6.62.10
AS 6.7.31

AGNIVEŚA
Pr.N.
Car 2.7.col;6.9.3,col

AṄGA
limb.
Car 6.9.10
Su 6.62.8

AṄGA (cont.)
AHr 6.6.6(-tā),7
AS 6.9.8

ACAUKṢA
impure; q.v. caukṣa.
Su 6.60.54

AJĪRṆA
indigestible; q.v. jīrṇa.
Car 6.9.11

AÑJANA
ointment.
BhS 6.8.d"
Car 2.7.8;6.9.29,88,89
Su 6.60.23
AHr 6.6.20

ATINIDRĀ
excessive sleep; q.v. nidrā.
Car 6.9.14

ATYĀTMA
greater than normal; q.v. amartya.
Car 2.7.13

ATYUPAKṢĪṆA-DEHA
extreme bodily exhaustion.
Car 2.7.4
AS 6.9.3

ADUṢYAT
not polluting; q.v. √duṣ.
Car 6.9.18

ADṚŚYA
unseen.
Car 6.9.18

ADHṚṢYA
unapproachable, invincible.
Car 6.9.20.1,20.4

ANANA
mouth; q.v. āsya, mukha-vādya.
Car 2.7.7.3
Su 6.62.13
AHr 6.6.13

ANANNĀ-'BHILĀṢA
desire for inedibles, pica.
Car 2.7.6,7.3;6.9.20.3

ANAMBU
without water.
Su 6.62.21

ANALAṄKĀRIKA
unseemly.
Car 2.7.7.1
AS 6.9.8

ANAVASTHITA
unsettled.
Car 2.7.6

ANĀTMAKA
delirious.
Car 6.9.11

ANIDRA
one who is without sleep; q.v. nidrā.
AS 6.7.17

ANIMITTA
without cause; q.v. nimitta.
BhS 6.8.w
AHr 6.4.31
AS 6.7.11;6.9.9

ANIYATA
uncontrolled, impulsive.
Car 2.7.13;6.9.17

ANILA
wind; q.v. vāta, pavana, vāyu.
Car 6.9.9,10
Su 6.62.8
AHr 6.6.18
AS 6.9.14

ANIṢṬA
undesirable; q.v. iṣṭa.
AHr 6.4.6

ANUKARAṆA
mimicking.
Car 2.7.7.1
AHr 6.6.8

ANUCITA
gathered; improper.
Car 2.7.4 (anu-cita)
AS 6.9.4 (an-ucita)

ANURŪPA
according to the form; q.v. rūpa.
Car 6.9.20.2
AHr 6.4.43; AS 6.7.32

ANUVĀSANA
oily enema.
BhS 2.7.m
Car 2.7.8
AS 6.9.25

ANNA
food; q.v. āhāra, bhojana, aśana.
Car 6.9.9,12;6.9.20.4,20.5, 20.6,77
Su 6.60.9;6.62.6
AHr 6.4.27,29,38,39;6.62.10
AS 6.7.20,22,25,28,29;6.9.3, 5,8

AP
waters.
Car 2.7.15

APATARPAṆA
fasting; q.v. upavāsa.
Car 2.7.8

APARA-LAŚUNĀDYA-GHṚTA
a therapeutic prescription, 'another ghee of garlic etc.'; q.v. laśunadya-ghṛta.
Car 6.9.52-56

APASMĀRA
convulsive disorder, epilepsy.
BhS 6.8.g',e"
Car 6.9.77,95
Su 6.62.33
AS 6.7.7;6.9.25

APASMĀRA-VINĀŚANA
curing apasmāra.
BhS 6.8.m'

APRAYATA
unprepared for required devotions.
Car 2.7.14
AS 6.7.9

APRAŚASTA
unpraiseworthy
Car 2.7.6,10,14
AS 6.9.5

ABHIGHĀTA
stricken; q.v. hata.
Car 6.9.4

ABHIGHĀTA-KĀLA
time of assault, i.e. onset.
Car 2.7.14

ABHIDARŚANA
offending
Car 2.7.14

ABHIBHARTSANA
TERRORIZING
Car 2.7.11

ABHIŚAPAT
cursing
Car 2.7.12
AS 6.7.10

ABHIŚĀPA
curse.
Car 6.9.20.2
AHr 6.4.43
AS 6.7.32

ABHIHANANA
striking, assaulting; q.v. hata.
Car 2.7.7.2

ABHYAṄGA
ointment
Car 2.7.8;6.9.32
Su 6.62.16
AHr 6.6.21
AS 6.9.25

ABHYAÑJANA
ointment.
BhS 6.8.j"

ABHYARCANA
honor, paying homage to deities and superiors; q.v. arcanā.
Car 2.7.15

AMANUṢA
non-human, demon.
Su 6.60.1,col

AMARTYA
not of a mortal; q.v. atyātma.
Car 6.9.17

AMARṢA
impatience.
Car 2.7.7.2;6.9.12

AMBHAS
water.
Car 2.7.6

AMBU
water.
Su 6.60.15,34;6.62.9

AYĀNA
without means or arrangement for travel.
Car 2.7.7.1
AHr 6.6.9
AS 6.9.8

ARATI
discontent.
Car 2.7.11
AS 6.7.16

ARUCI
inappetence.
Su 6.62.10

ARUṆA
reddish.
Car 2.7.7.1;6.9.10

AROCAKA
inappetence.
Car 2.7.6;6.9.14,20.3
AHr 6.6.12
AS 6.7.31(-in);6.9.5,10

ARCĀ
worship.
AHr 6.4.7

ARCANĀ
worship, the honor paid deities and superiors; q.v. abhyarcana.
Car 6.9.23

ARTHA
practical; objective, purpose.
Car 2.7.15;6.9.79
AS 6.7.11

ARDITA
swelling or perhaps tremors, possibly tetany or psychomotor seizure; q.v. udardita.
Car 2.7.6
AHr 6.4.39
AS 6.9.5

ALAṄKARAṆA
adornment.
Car 2.7.7.1
AS 6.9.8

ALAṄKĀRA
adorning.
AHr 6.8.9

ALPA
little, scanty.
Car 6.9.5,9
Su 6.60.10,11,54;6.62.10
AHr 6.4.13,24;6.6.3,12
AS 6.7.17,20,22,31;6.9.10

AVAPĪḌA
sternutatory; q.v. nasya, nāvana.
Car 2.7.8
Su 6.62.15

AVAMATI
contempt, aversion.
Car 2.7.10

AVAMĀNA
contempt.
Car 2.7.7.1
AHr 6.6.9
AS 6.9.8

AVARODHANA
keeping down, restraining.
Car 2.7.8

AVALOKAYAT
observing, looking upon.
Car 2.7.12
AS 6.7.10

AVALOKIN
beholding, staring.
BhS 6.8.z

AVALOKYA
having seen.
AS 6.7.21

AVAŚYAKATĀ
necessity
BhS 6.8.o'

AVIDHI
unsanctioned, not customary; q.v. vidhi.
AHr 6.4.7

AVINAYA
undisciplined, rude.
Car 6.9.30

AVIPĀKA
indigestion.
Car 2.7.6;6.9.20.3
AS 6.9.5

√AŚ
eat
BhS 2.7.f

AŚANA
food; q.v. anna.
BhS 2.7.6

AŚUCI
impure, unclean.
Car 2.7.14;6.9.4
Su 6.60.5,24
AHr 6.4.7,28
AS 6.7.9,25,26

AŚUBHA
unclean
Car 2.7.14

AŚVA
horse.
BhS 6.8.q'
AHr 6.4.33
AS 6.7.26

AṢṬA
eight.
Car 6.9.21.8
Su 6.60.20

AṢṬAKA
having 8 parts, eightfold.
Su 6.60.7

AṢṬADHA
eightfold, =aṣṭaka.
Su 6.60.6

AṢṬĀDAŚA
eighteen.
AHr 6.4.3
AS 6.7.2

ASĀDHYA
incurable.
Car 2.7.7.4,15,18;6.9.22

ASURA
class of demons antagonistic to the gods (sura), =devaśatru, q.v.
Su 6.60.17,33
AS 6.7.2,3,10,11,19

ASṚJ
blood.
Su 6.60.14,22,34
AS 6.7.3,7
ŚS 1.7.33

ASTHĀNA
inappropriate.
Car 2.7.6,7.1,7.2;6.9.10
AHr 6.6.7
AS 6.9.5,8

ASTHĀPANA
oily enema, enema of ghee etc.
Car 2.7.8

AHITA
improper, unwholesome.
Car 2.7.10
AHr 6.6.2
AS 6.9.3

- Ā -

ĀKULATĀ
perplexity.
Car 2.7.6

ĀKṚTI
form, kind; appearance.
Car 2.7.6;6.9.3
AHr 6.4.34
AS 6.7.26;6.9.5

ĀGANTU
exogenous.
BhS 2.7.i
Car 2.7.3,18;6.9.24,33,96,98
AHr 6.6.59
AS 6.9.39

ĀGANTUKA
exogenous, =āgantu.
Car 2.7.10;6.9.16,94

ĀGANTUKO-'NMĀDA
exogenous unmāda.
Car 2.7.11

AGHĀTA-KĀLA
time of attack, onset; q.v. hata.
Car 6.9.19
AS 6.7.8

ĀGHRĀPAYAT
causing to smell.
Car 2.7.12
AS 6.7.10

ĀCĀRA
behavior, proper conduct.
Car 2.7.5,15;6.9.7,29,93
Su 6.60.10,25
AHr 6.4.4,8,18
AS 6.7.4,6,20;6.9.7

ĀCĀRYA
preceptors.
Car 2.7.10
AS 6.7.15

ĀTMAN
self; oneself; character.
BhS 6.8.i
Car 2.7.10,15,21,22,23;6.9.20.9,22,97
Su 6.60.9,10,12
AHr 6.4.5,16,25,31;6.6.60
AS 6.7.6,14,19,20,24,26;6.9.40

ĀTREYA
Pr.N.
BhS 2.7.col;6.8.intr,col
Car 2.7.2,10;6.9.2

ĀTREYA (cont.)
AHr 6.4.intr;6.6.intr
AS 6.7.1;6.9.1

ĀDHI
anxious reflection.
AHr 6.6.4
AS 6.9.2,3

√ĀP
attain, contract.
BhS 2.7.m(pra-)

ĀMA-GANDHA
odor of raw flesh.
Car 2.7.12

ĀMIṢA
flesh, meat; q.v. māṃsa.
Car 6.9.96
AHr 6.4.28,30;6.6.59
AS 6.7.19,22,25,28;6.9.39

ĀYĀSA
fatigue.
Car 2.7.4,6
AS 6.9.5

ĀRAMBHA-VIŚESA
differential onset.
Car 2.7.12

ĀRTHA
relating to an objective or purpose.
BhS 6.8.z'

ĀVṚTA
filled or clogged with.
Car 6.9.25
AHr 6.6.18
AS 6.9.14

ĀVṚTTA
averted
BhS 6.8.z

ĀŚVĀSA
encouragement, consolation, 'cause to breathe freely'; q.v. sāntva.
Car 6.9.85

ĀŚVĀSANA
encouragement, consolation.
AHr 6.6.21

ĀSYA
mouth; q.v. anana.
Car 2.7.6
AHr 6.6.8
AS 6.7.25;6.9.5,8

ĀHĀRA
food; q.v. anna, bhojana.
Car 2.7.4;6.9.20.2
AHr 6.4.34,43;6.6.12
AS 6.7.3,26;6.9.3,10(-tva)

- I -

INDRA
N. of a deity.
AHr 6.4.17
AS 6.7.18,19

INDRIYA
sense faculty.
BhS 6.8.2,3,a
Car 6.9.28,97
Su 6.62.13
AHr 6.6.17,60
AS 7.9.13,40

√IṢ
seek, desire.
BhS 6.8.g

IṢṬA
loved one, relative; desired; q.v. bāndhava, priya, kānta, snehita.
Car 6.9.85
Su 6.60.8

IṢṬI
sacrifice.
BhS 6.8.m''
Car 6.9.90

- Ī -

ĪŚVARA
N. of a deva.
AS 6.7.18

- U -

UCCHIṢṬA
rejected leftover food.
Car 2.7.14
AS 6.7.9,27

UCCHVĀSA
deep breathing, labored breathing.
Car 2.7.6
AS 6.9.5

UTTHA
origin, etiology; q.v. nimitta, samutthāna.
Car 6.9.8,17
AS 6.9.15

UTPIṆḌITĀ-'RUṆĀ-'KSATĀ
swollen, red, unbroken tumor.
Car 2.7.7.1
AHr 6.6.9(-tva)
AS 6.9.8

UTSANNA
aroused.
Car 2.7.4

UDARDITA
swelling; possibly spasm or tremor; q.v. ardita.
Car 2.7.6
AS 6.9.5(-tva)

UDVEGA
agitation, excitement; q.v. vega.
Car 2.7.4,6
Su 6.62.6
AS 6.9.5

UNMATTA
mentally disordered, crazed; a mentally disordered person.
BhS 6.8.1'
Car 2.7.10,15;6.9.20.1-8

UNMATTA-CITTATVA
crazed thinking.
Car 2.7.6
AS 6.9.5

UNMĀDA
severe mental disorder.
BhS 2.7.a,e,f,i,j,m;6.8.intr,l,r,s,t,c',e',f',g',n',c",e"
Car 2.7.1,3,4,5,6,9.1,7.2,7.3,9,10,11,12,15,17,24,col;6.9.1,3,4,6,8,11,17,19,24,25,33,77,87,91,92,95,96,97,98,col
Su 6.62.1,3,7,14,34,35,col
AHr 6.6.intr,1,5,13,14,18,59,60,col
AS 6.7.7; 6.9.1,2,4,5,11,14,25,39,40
ŚS 1.7.37,38

UNMĀDA-KARA
producing unmāda.
Car 2.7.12,15

UNMĀDA-KĀLA
episode of unmāda; q.v. aghāta-kāla.
Car 2.7.13;6.9.17

UNMĀDANA
causing unmāda.
Car 2.7.15

UNMĀDA-NĀŚANA
curing unmāda.
BhS 6.8.f",n"

UNMĀDA-VINĀŚANA
curing unmāda.
Car 6.9.33

UNMĀDAYIṢYAT
will be causing unmāda.
Car 2.7.12,13

UNMĀDIN
mentally disordered person.
BhS 6.8.o',h",j"
Car 6.9.23

UNMĀDYAMĀNA
being rendered unmāda.
Car 2.7.15

UNMĀRGAGA
coursing improperly through the vessels.
AHr 6.6.1
AS 6.9.2,3(-tva)

UPAKLIṢṬA
afflicted
Car 2.7.4

UPAGHNAT
assaulting; q.v. hata.
Car 2.7.10

UPATAPTI
debility, affliction.
Car 2.7.10
AS 6.7.16

UPAVĀSA
fasting; q.v. apatarpaṇa.
Car 2.7.16;6.9.9,21.6

UPAŚAMANA
tranquilization
Car 2.7.8

UPAŚAYA
cure; q.v. cikitsā, sādhana.
Car 2.7.10

UPASARGA
attack.
Su 6.60.1,col

UPAHATA
stricken, assaulted; q.v. hata.
Car 2.7.4
AS 6.9.4

UPAHĀRA
offerings.
Car 2.7.16;6.9.89

UPENDRA
N. of deity, Indra's younger brother.
AS 6.7.19

URAGA
class of snake demons;
=bhujaṅgama, q.v.
Su 6.60.18
AHr 6.4.10,21
AS 6.7.2,22

- Ū -

ŪRDHVA
tending upwards.
BhS 2.7.c;6.8.n

- Ṛ -

√Ṛ
meet with, get, contract.
BhS 2.7.f,h

ṚṢI
seer.
Car 2.7.10,14;6.9.16,20.2,
21.2,88
AHr 6.4.intr,42;6.6.intr
AS 6.7.1,2,10,15,32;6.9.1

- O -

OJO-VARṆA-CCHĀYĀ-BALA-VAPUS
vitality, comeliness, complexion, strength, and physical features.
Car 2.7.11
AS 6.7.16

OṢADHI
medicinal herb.
Car 2.7.16;6.9.93

- AU -

AUṢADHA
medicine, herbal remedy.
Car 2.7.8;6.9.94

- K -

KAPHA
pathogenic phelgm; q.v.
śleṣman.
Car 2.7.3;6.9.13,14,26
Su 6.62.10,11

KAPHA (cont.)
AHr 6.6.12,19
AS 6.9.2,10,14,15
ŚS 1.7.33,34

√KAMP
tremble.
Su 6.60.16

KAMPAYAT
shaking.
AS 6.7.21

KARṆA
ear.
Car 2.7.6
AS 6.9.5

KARTṚ
agent
Car 2.7.22

KARMA-KARA
doing a deed.
BhS 6.8.j

KARMA-JA
arising from a deed.
Car 2.7.21

KARMAN
deed, act.
BhS 6.8.k,l",m",n"
Car 2.7.8,10,14,20;6.9.16,
20.4,88,90
AHr 6.4.6
AS 6.7.4,9

KARMA-VIDHI
rules or customary performance of deeds.
BhS 6.8.n"

KARMĀ-'PRAŚASTA
unpraiseworthy deed.
Car 2.7.10

KALUṢA
turbid, foul.
Car 2.7.6
Su 6.62.6
AS 6.9.5

KALYĀṆAKA-GHṚTA
a therapeutic prescription, salutary preparation of ghee.
Car 6.9.34-42
AHr 6.6.26-31(°sarpis)
AS 6.9.19

KAŚĀ
whip.
BhS 6.8.o',p'
Car 2.7.7.2,15;6.9.81
Su 6.62.18

KAŚMALA
N. of a piśāca.
AS 6.7.26

KĀNTA
loved one; q.v. iṣṭa, priya, snehita.
AHr 6.6.15
AS 6.9.12

KĀMA
desire.
Car 2.7.15;6.9.23,86
AHr 6.4.4;6.6.12(-tā)
AS 6.7.3,6;6.9.10(-tā)

KĀYA-CIKITSAKA
physiological therapist; cf. vāta-cikitsaka.
BhS 6.8.k"

KĀRAṆA
cause, reason, source; q.v. hetu.
BhS 6.8.b,c
AS 6.7.5

KĀRKHODA
N. of a demon.
AS 6.7.2,28

KĀRŚYA
emaciation; q.v. kṛśa.
Car 2.7.7.1;6.9.10
AS 6.9.8

KĀLA
time, period; q.v. unmāda-kāla, āghāta-kāla, pariṇāma-kāla, prajanana-kāla.
Car 6.9.19,87
Su 6.60.33,54
AHr 6.4.12,29
AS 6.7.25;6.9.15

KĀṢṬHA
stick, piece of wood.
Car 2.7.7.2,15;6.9.20.7,30.
AHr 6.4.25,33,36
AS 6.7.18,24,26,28;6.9.9

KINNARA
N. of a demon.
ŚS 1.7.38

KUMĀRA
prince, boy.
BhS 6.8.b"
AHr 6.4.1
AS 6.7.34

KUŚA
N. of a piśāca.
AS 6.7.26

KŪṢMĀṆḌA
N. of a demon.
AHr 6.4.36
AS 6.7.2,27
ŚS 1.7.39

KṚTYĀ
N. of a demon.
ŚS 1.7.39

KṚŚA
emaciated, =kārśya, q.v.
Su 6.62.8
AHr 6.6.6

√kṝ
scatter about.
BhS 6.8.r'(samava-)

KOPA
passion, anger; q.v. prakopa.
BhS 6.8.u

KOPANATVA
propensity towards rage, swelling with emotion.
Car 2.7.11
AS 6.7.16

KOSTHA
viscera.
Car 6.9.28

KRIYĀ
cure; activity, act.
BhS 6.8.c,j,k"
Car 2.7.24
Su 6.62.33,34,35
AHr 6.4.6,34

KRODHA
anger, wrath.
Car 2.7.4,7.2;6.9.86
AHr 6.4.26;6.6.10
AS 6.7.6,25;6.9.9

KRODHANA
wrath.
BhS 6.8.y
AHr 6.4.16,19
AS 6.7.11,19,21

KRODHĀLU
violent.
Su 6.60.14

√KLIŚ
afflict
Car 2.7.19(upa-)

KLIŚYAMĀNA
being afflicted
Car 2.7.20

KLISTAMĀNA
being afflicted.
AHr 6.6.16
AS 6.9.12

KLEŚA
distress, affliction.
Car 2.7.20

KṢATA
injured, wounded.
Car 6.9.22
Su 6.60.5;6.62.12

KṢATĀ-'TURA
suffering from a wound.
Su 6.60.3

KṢĀRA
a therapeutic, 'caustic'.
BhS. 6.8.d"

KṢĀRA-GADA
a therapeutic substance.
BhS. 6.8.d"

- G -

GAJA
elephant.
BhS 6.8.q'
Car 6.9.82

GADA
disease; q.v. roga, vyādhi.
Car 6.9.6

GANDHARVA
class of afflicting divinities, celestial musicians.
Car 2.7.10,12,14,19;6.9.16, 20.4,21.4,88
Su 6.60.7,10,17,34
AHr 6.4.10,19
AS 6.7.2,10,11,20
ŚS 1.7.38

GAMBHĪRA
serious.
Car 6.9.20.1,20.4
Su 6.60.11
AS 6.7.17

GAMYA
to be approached, susceptible.
Car 6.9.19

√GĀ
sing
BhS 2.7.d
Su 6.62.8,13

GĀNDHARVA
relating to the gandharvas.
AHr 6.4.30
AS 6.7.11,20

GĀYAT
singing
AS 6.7.20,25

GIR
voice.
Car 2.7.7.1

GĪTA
song, singing.
BhS 2.7.a
Car 2.7.7.1;6.9.10,20.4, 20.5,20.8,21.4
Su 6.60.10
AHr 6.4.18,22;6.6.7
AS 6.7.11,22,23,26;6.9.8

GUḌA
treacle.
Car 2.7.14
Su 6.60.12,13
AHr 6.4.20,42
AS 6.7.21,31

GUṆA
quality, attribute.
Car 6.9.18
Su 6.60.20
AHr 6.6.16

GURU
teacher.
Car 2.7.14;6.9.4,20.2,21.3, 21.6,94
Su 6.60.9
AHr 6.4.7,12,16,43
AS 6.7.9,10,12,15,17,19,32; 6.9.3
ŚS 1.7.38

GURU-VṚDDHA-SIDDHA...
teachers, elders, accomplished ones...
Car 2.7.10,12,14
AS 6.7.2,15

GUHYAKA
N. of demon.
ŚS 1.7.39

GRAHA
demon; possession, seizure.
Car 6.9.21.8
Su 6.60.4,6,7,10,11,12,17,19, 22,24,27,32,35,39,54;6.62.33
AHr 6.4.1,5,9,17,42,43,44
AS 6.7.10,17,31,32,33,34; 6.9.5,25

- GH -

GHĀTA
beating, injuring, striking; q.v. hata.
BhS 6.8.o'
ŚS 1.7.36

GHĀTANA
slaughter house.
Car 2.7.14

GHṚTA
ghee, clarified butter; q.v. sarpis.
Car 6.9.78
AS 6.7.21

- C -

CAKṢUS
eye.
BhS 6.8.a'
Car 2.7.6
AS 6.9.5

CAṄKRAMAṆA
going about; walking.
Car 2.7.7.3

CATUR
four.
Car 2.7.4
Su 6.60.33

CATUṢPATHA
juncture of four roads.
Car 2.7.14
Su 6.60.36
AS 6.7.9

CANDRA
moon
BhS 6.8.1"(?)

CALITA
pointless, confused; agitated.
Car 2.7.6
AS 6.7.22;6.9.5

CIKITSĀ
treatment, remedy, therapeutics; q.v. upaśaya, sādhana.
BhS 6.8.g',c"
Car 6.9.col

CIKITSITA
treatment, therapy; q.v. bheṣaja.
BhS 2.7.j;6.8.intr,1,g',h', m',col
Car 6.9.1,8,87,95,98,col

CIKITSITUM
to cure.
Su 6.60.29

CITTA
thinking.
BhS 6.8.b,c,d,e,k,l,o,p, v,y',z',a"
Car 2.7.6(-tva);6.9.11, 13,20.8
Su 6.62.34
AHr 6.4.29;6.6.4
AS 6.7.7,26;6.9.5

√CINT
worry, be anxious.
BhS 2.7.h

CINTĀ
anxiety, worry.
BhS 2.7.g
Car 2.7.4;6.9.9
AHr 6.4.43

CETAS
mental activity; thinking.
Car 6.9.5,7,81
ŚS 1.7.37

CETOVAHA-MĀRGA
thought-bearing vessels; q.v. manovaha.
BhS 2.7.c

CEṢṬA
movement, action, motion.
Car 6.9.17,24
AS 6.7.24

CEṢṬĀ
movement, action, motion.
Car 2.7.4,5;6.9.4,20.2
AHr 6.4.1,43;6.6.3
AS 6.7.26,33;6.9.3,10

CEṢṬITA
action, =ceṣṭā.
Car 6.9.14
AHr 6.4.2

CAITYA-DEVA-''YATANĀ-'BHIGAMANA
approaching temple or alter to the gods.
Car 2.7.14
AS 6.7.9

COKSĀCĀRA
pure conduct; q.v. caukṣācāra.
AS 6.7.11

CAUKṢĀCĀRA
pure conduct (N.B. note to Car 6.9.21.1, Appendix 3); q.v. acaukṣa.
Car 6.9.21.1,21.4

- CH -

CHĀYĀ
reflection; shade; complexion.
Car 6.9.18
Su 6.60.19;6.62.9
AHr 6.6.11,17
AS 6.9.13

CHARDI
nausea.
Car 6.9.14
Su 6.62.10
AHr 6.6.12

- J -

JALA
water.
BhS 6.8.t'
Car 6.9.12,80
Su 6.60.12;6.62.9,19
AS 6.7.21,25

JALĀDHI-DEVATĀ
class of water demons.
ŚS 1.7.39

JĪRṆA
digestion.
Car 6.9.10
AHr 6.6.10
AS 6.9.8

JÑĀNA
understanding, wisdom.
Car 2.7.5;6.9.3,17,93
AHr 6.4.1
AS 6.7.33

JVARA
fever.
Car 2.7.6;6.9.77
AS 6.7.7;6.9.5

- Ḍ -

DṚḌHABALA
Pr.N.
Car 6.9.col

- T -

√TAḌ
beat (caus.).
BhS 6.8.p'
Su 6.62.18

TANU
body; q.v. deha, śarīra.
Su 6.62.8

TANTRA-PRAYOGA
magical practice.
Car 2.7.4

TAPA
heat; q.v. saṃtāpa.
Car 6.9.18

TAPAS
religious austerity.
Car 6.9.3;21.2,21.6,93
Su 6.60.20
AS 6.7.12

TAMO-GṚHA
dark house.
Car 6.9.30

√TARJ
threaten
Car 6.9.83
Su 6.62.19

TARJANA
threat; q.v. saṃtarjana.
Car 6.9.31
AHr 6.9.21

TĀḌANA
beating.
Car 6.9.29
AHr 6.6.21

TĀḌAYAT
beating.
AS 6.7.25

TĀḌAYITVĀ
having beaten.
Car 6.9.81

TĀMRA
coppery red.
Su 6.60.11

TĀMRA-HARITA-HĀRIDRA
coppery red, pale yellow, and yellow of turmeric.
Car 2.7.7.2
AS 6.9.9

TILA
sesamum.
Car 2.7.14
Su 6.60.12
AHr 6.4.38,42
AS 6.7.28,31

TILA-PĪḌAKA-CAKRA
presser wheel of sesame oil press.
Car 2.7.6
AS 6.9.5(°vat°)

TĪKṢṆA
fiery, hot.
Car 6.9.20.3,29,88
Su 6.62.9,14
AHr 6.6.20

TĪVRA
intense.
BhS 6.8.y'

TŪṢṆĪ
silent, quiet.
Car 2.7.7.3

TṚṆA-AGNI
grass-fire.
BhS 6.8.r'
Su 6.62.18

TAILA
sesamum derivative, viz. sesamum oil.
BhS 6.8.j
Su 6.62.16
AS 6.9.15

√TRAS
frighten, scare, terrify (caus.); q.v. √śuṣ.
BhS 6.8.q',x'(vi-)
Su 6.62.18
Car 7.9.82,83

TRASTA
trembling.
BhS 6.8.y
AS 6.7.22,28(ut-)

TRĀSA
horror, terror.
BhS 6.8.y'
AHr 6.6.21(ut-)

TRĀSANA
horror, terror; q.v. vitrāsana.
BhS 6.8.x'
Car 6.9.31

TRĀSYAMĀNA
being terrified.
BhS 6.8.a"

TRI
three.
BhS 6.8.3
Car 2.7.8

TRI-DOṢA
three doṣas.
Car 2.7.7.4
ŚS 1.7.34

- D -

DĀRAṆA
rawness; falling away of the skin.
Car 2.7.6

DARPAṆA
mirror.
Car 6.9.18
Su 6.60.19

DARŚANA
vision, dream or hallucination.
Car 2.7.6
AHr 6.6.11
AS 6.7.12;6.9.5,9

DARŚAYAT
causing to see, showing.
Car 2.7.12

√DĀ
give.
AHr 6.4.23
AS 6.7.22

DĀDHIKA
made from curds, coagulated milk.
BhS 6.8.j',l'

DĀNA
gift, generosity.
Car 6.9.31
Su 6.60.20

DĀNAVA
class of demons, =daitya, q.v.
AHr 6.4.3,9
ŚS 1.7.38

DĀRUṆA
horrible, dreadful.
BhS 2.7.m;6.8.r
AHr 6.6.14
AS 6.9.11

DIGVĀSAS
naked; q.v. nagna.
Car 2.7.14
AS 6.7.9

DIGVĀSASTVA
nudity.
AHr 6.4.7

DĪNA
depressed.
BhS 6.8.y
Su 6.62.13
AHr 6.4.31,41;6.6.15
AS 6.7.25,26,31;6.9.12

DĪPTA
burning.
BhS 6.8.s'(pra-)
AS 6.7.18

DUḤKHA
misfortune, suffering, misery; q.v. ādhi, śoka.
BhS 2.7.h
Car 2.7.22;6.9.7,20.8,84
Su 6.62.4
AHr 6.4.32;6.6.6
AS 6.7.26;6.9.7
ŚS 1.7.37

DUŚCITTA
bad-thinking, a bad-thinker.
BhS 6.8.d

√DUṢ
contaminate, pollute; q.v. aduṣyat.
BhS 6.8.o(ā-)

DUṢṬA
spoiled, polluted; q.v. praduṣṭa.
Car 6.9.4
Su 6.60.9
AHr 6.6.2
AS 6.7.19

DṚṢṬI
gaze.
Car 6.9.6,20.1,20.3
Su 6.60.9
AHr 6.4.13,16,19,26,37
AS 6.7.17,19,21,25,27,28,31

DEVA
class of divinities; q.v. sura.
BhS2.7.l
Car 2.7.10,11,19,21;6.9.4,16, 20.1,20.7.21.1,88,91,94
Su 6.60.7,8,9,17,23,24,32
AHr 6.4.3,4,15,16,25
AS 6.7.12,17,19,24;6.9.3
ŚS 1.7.38

DEVATĀ
class of demons; q.v. jalādhi-devatā.
Su 6.60.54
AHr 6.4.7

DEVA-GO-BRĀHMAṆA-TAPASVIN
gods, cows, Brahmans, and ascetics.
Car 2.7.11
AS 6.7.16

DEVA-BHĀVA
divine character, pious, holy.
Su 6.60.26

DEVA-ṚṢI-PITṚ-GANDHARVA-YAKṢA-RĀKṢASA-PIŚĀCA
list of afflicting demons from divine to malevolent classes, q.v., also devādi.
Car 2.7.10,14

DEVAŚATRU
class of demons, 'enemy of the gods'; =asura, q.v.
Su 6.60.9

DEVĀ-''DI
gods and the rest.
Car 2.7.10,11,23;6.9.18
AHr 6.4.5
AS 6.7.7

DEŚA
territory.
Car 6.9.87

DEŚA-KULA-PURA-VINĀŚA
destruction of kingdom, family, and town.
Car 2.7.14
AS 6.7.9(°pura-kula°)

DEHA
body; q.v. tanu, śarīra.
Car 2.7.4;6.9.18,29,84
Su 6.60.19
AHr 6.6.6,20
AS 6.7.26;6.9.3,7,14

DAITYA
class of demons, =dānava, q.v.
AHr 6.4.17

DOṢA
pathogenic bodily element; pollutant; fault.
BhS 2.7.f,j;6.8.ℓ,n
Car 2.7.4,6,7.4;6.9.27,87
Su 6.60.9;6.62.3,4,34
AHr 6.6.1,4
AS 6.9.2,4,5
ŚS 1.7.33,34,37

DOṢA-JA
arising from the doṣas.
Car 2.7.9

DOṢA-NIMITTA
caused by the doṣas.
BhS 6.8.ℓ
Car 2.7.4,6,10
AS 6.9.5

DRAVYA
material object, thing.
BhS 6.8.u
Car 2.7.7.1;6.9.85
AS 6.9.8

DVA
two.
Car 2.7.18;6.9.24

DVIJA
twice-born, i.e. member of certain higher castes.
Car 2.7.14;6.9.4
Su 6.60.9
AHr 6.4.16,25
AS 6.7.9,17,24;6.9.3

- DH -

DHANA
wealth.
BhS 2.7.g
Su 6.62.12
AHr 6.6.15
AS 6.7.11,18;6.9.12

DHANADA
N. of a deva.
AS 6.7.18

DHANVANTARI
Pr.N.
Su 6.60.2;6.62.2

DHANEŚVARA
class of demons, reference to yakṣas and their chief, Kubera; q.v. yakṣa.
AHr 6.4.10

DHAMANĪ
physiological vessel; q.v. srotas, mārga.
BhS 2.7.c
Su 6.62.8

DHARMA
righteousness, propriety, virtue.
Car 2.7.14;6.9.7,79
Su 6.60.20
AHr 6.4.4
AS 6.7.6;6.9.7

DHARMA-ŚĀSTRA
treatises on dharma.
Car 6.9.21.2
AS 6.7.15

DHARMA-ŚĪLA
righteous character.
BhS 2.7.2

DHĀTU
bodily element.
Car 6.9.9,97
AHr 6.6.60
AS 6.9.40
ŚS 1.7.36

DHĪ
reflection, intense thinking.
AHr 6.6.5

DHĪ-VIBHRAMA
diffuse and disordered rumination.
Car 6.9.6

DHŪPA
fumigation, vapors.
Car 2.7.8
AHr 6.6.21
AS 6.7.20,22

DHŪMA
vapors
Car 2.7.8;6.9.32
Su 6.60.39

√DHṚṢ
overpower (caus.); q.v. pradharṣaṇa.
Car 6.9.21.1(abhi-)

√DHYĀ
reflect, meditate.
BhS 6.8.w(pra-)

DHYĀNA
reflection, religious meditation.
Car 2.7.6
AS 6.9.5

- N -

NAKHA
nail, i.e. of fingers and toes.
Car 6.9.14
AHr 6.4.31
AS 6.7.26

NAGNA
naked; q.v. digvāsas, vinagna.
AHr 6.4.32,36,44
AS 6.7.26,28,34

NAGNATVA
nakedness, nudity.
AHr 6.6.11
AS 6.9.9(-tā)

NARTANA
dance; q.v. nṛtya.
AHr 6.6.7

NAṢṬA
disturbed, loss of-.
AHr 6.6.17
AS 6.7.26;6.9.13

NAṢṬA-NIDRA
one whose sleep is disturbed.
Car 6.9.20.6
AHr 6.4.27
AS 6.7.25

NASTAḤ-KARMA
nasal treatment.
Car 2.7.8

NASYA
errhine, nasal application; q.v. avapīḍa, nāvana.
BhS 6.8.d",h"
Su 6.62.16

NĀGA
snake demon; snake.
Su 6.60.36;6.62.17
AS 6.7.11
ŚS 1.7.39

NĀRĪ
wife; q.v. yoṣit, strī.
Car 6.9.14

NĀVANA
sternutatory; q.v. avapīḍa, nasya.
Car 6.9.29
AHr 6.6.20

NĀŚA
loss, destruction, devastation; death; q.v. vināśa.
BhS 2.7.g
Su 6.62.17
AHr 6.6.15
AS 6.9.12,25(-ana)

NIJA
endogenous.
Car 2.7.18;6.9.24,96,98
AHr 6.6.59
AS 6.9.14,39

NIJA-ĀGANTU-VIŚEṢA
distinction of nija and āgantu.
Car 2.7.18

NIDĀNA
pathology; diagnosis; symptoms.
BhS 6.8.1,h'
Car 2.7.1,24,col;6.9.19

NIDĀNA-VIPARITA
counteracting the pathology.
Car 2.7.8

NIDRĀ
sleep; q.v. svapna, naṣṭa-nidra, anidra.
BhS 6.8.x
Su 6.62.10
AHr 6.4.40(nidra);6.6.13
AS 6.9.10

NIDRĀLU
drowsy, sleepy.
Car 6.9.20.3
Su 6.60.13,16
AHr 6.4.41
AS 6.7.30,31

NIMAJJANA
sinking.
Car 2.7.6
AS 6.9.5

NIMITTA
cause; etiology; q.v. uttha, samutthāna, animitta.
BhS 6.8.l
Car 2.7.3,4,6,10,11,24;6.9.24,98
AS 6.9.2,5

NIYAMA
observance.
Car 2.7.14,16;6.9.16,21.6,90,93
Su 6.60.20,29
AS 6.7.9

NIYAMA-VRATA-BRAHMACARYA-BHAṄGA
violating observances, vows, and student obligations (e.g. celibacy).
Car 2.7.14

NIRAPATRAPA
without shame.
BhS 6.8.y

NIRŪHA
non-oily enema, purging enema.
BhS 2.7.m
Car 6.9.27

NIRṚTI
demon personifying death and violation of divine order.
Su 6.60.25

NIŚ
night.
Car 2.7.14
Su 6.60.18

NIŚ (cont.)
AHr 6.4.6,20
AS 6.7.3,9

NIŚĀ-CARA
wanderer of the night .
Su 6.60.3,23
AHr 6.4.27

NISA-VICĀRIN
roamer of the night.
AS 6.7.25

NIŚĀ-VIHĀRA
stalking the night.
Su 6.60.22

NIŚĀ-VIHĀRIN
night-stalker.
Su 6.60.14

NIṢĀDA
a demon.
AHr 6.4.38

NISTEJAS
N. of a piśāca.
AS 6.7.26

√NṚT
dance.
BhS 2.7.d

NṚTA
dance.
AS 6.7.11,22;6.9.8

NṚTYA
dancing; q.v. nartana.
Car 2.7.7.1;6.9.10,20.4,
20.5,20.7,20.8
Su 6.60.10;6.62.8
AHr 6.4.22,24,30
AS 6.7.22,23,26

NṚTYAT
dancing.
AS 6.7.20,25

- P -

PAÑCA
five.
BhS 6.8.1
Car 2.7.3,17,18;6.9.8
Su 6.62.4
AS 6.9.15

PAÑCA-KARMAN
fivefold treatment, including emetic, purgative, sternutatory, unctuous enema, and non-oily enema.
BhS 6.8.i

PAÑCAMA
fifth.
BhS 2.7.i
Su 6.62.35

PAṬṬA
ligature, bond.
Car 6.9.30

√PAT
fall.
Car 2.7.15
Su 6.60.15

PARAMĀTMAN
highest self.
BhS 6.8.i

PARIṆĀMA-KĀLA
time of maturity.
Car 2.7.14
AS 6.7.9

PĀRIBHADRAKA
N. of therapeutic substance.
BhS 6.8.s'

PARUṢA
rough, coarse, harsh; obnoxious; q.v. pāruṣya.
BhS 6.8.a'
Car 2.7.7.1
Su 6.60.15;6.62.8
AHr 6.4.28,38
AS 6.7.13,23,24,25,27

PARVA-SANDHI
full moon juncture; q.v. paurnamāsī.
Car 2.7.14

PAVANA
wind; q.v. vāta, anila, vāyu.
Su 6.62.11

PĀNA
drink.
BhS 6.8.h"
Car 6.9.20.4,20.5,20.6,32,33,77,89
Su 6.60.9
AHr 6.6.2,18,21
AS 6.7.13,20,22;6.9.3,14,25
ŚS 1.7.35

PĀPA
evil; sinner.
Car 2.7.14
AHr 6.4.5,6
AS 6.7.9

PĀYASA
preparation of milk with sugar and rice.
Su 6.60.12,13,33
AS 6.7.31

PĀRUṢYA
harshness; q.v. paruṣa.
Car 6.9.10
AS 6.9.8

PĀVAKA
purity; luster.
BhS 2.7.k
AHr 6.4.41

PIṆḌA
rice balls for sacrifice.
Su 6.60.12

PITṚ
father, deceased ancestor, patriarch.
Car 2.7.10,13,14,21;6.9.16,20.3,21.3,88
Su 6.60.7,12,18,35
AHr 6.4.12,42

PITṚ (cont.)
AS 6.7.2,10,15,31
ŚS 1.7.38

PITTA
pathogenic phlegm; q.v. paitta.
BhS 2.7.a;6.8.d'
Car 2.7.2,3,7.2;6.9.11,12,26
Su 6.62,9,11
AHr 6.6.10,19
AS 6.9.2,14
ŚS 1.7.33,34,36

PITTO-'NMĀDA-LIṄGA
symptomatic of pitta-unmāda.
Car 2.7.7.2

PIŚĀCA
most evil class of demons; q.v. paiśāca.
BhS 2.7.k
Car 2.7.10,12,14,19;6.9.16,20.8,21.7
Su 6.60.7,15,37,55
AHr 6.4.11,34
AS 6.7.2,10,13,14,26
ŚS 1.7.39

PĪTA
yellow, butter-colored.
Car 6.9.12
AHr 6.6.11

PUNAR-ĀRUHYA
having mounted his back.
Car 2.7.12

PUNARVASU
Pr.N.
Car 6.9.3

PURĀṆA
old.
BhS 6.8.f"
AS 6.9.23

PURĀṆA-GHṚTA
a therapeutic prescription, 'old ghee'.
BhS 6.8.j"
Car 6.9.58-60

PULINA
river bank.
Su 6.60.10
AS 6.7.17,20

PŪRVA-KṚTA
previously committed.
Car 2.7.10,14
AHr 6.4.3
AS 6.7.5,9

PŪRVA-DEHA
previous life.
Car 6.9.16

PŪRVA-RŪPA
prodromal symptoms; q.v. prāg-rūpa.
Car 2.7.6,10,11,18;6.9.19
AS 6.7.16;6.9.5

PAITTA
relating to pitta, q.v.
Car 6.9.76(-ika)
AS 6.9.15

PAIŚĀCA
relating to piśāca, q.v.
Su 6.60.18

PAURṆAMĀSĪ
full moon day; q.v. parva-sandhi.
Su 6.60.17
AHr 6.4.11
AS 6.7.11

PRAKUPITA
morbid arousal or excitement.
BhS 6.8.n
AS 6.9.4

PRAKṚTI
original state of normalcy; temperment.
BhS 2.7.h
Car 6.9.31,97
AHr 6.4.2;6.6.22,60
AS 6.9.40

PRAKOPA
fury, excitement; q.v. kopa.
Car 2.7.11

PRAKṢIPTA-CITTA
disturbed thinking
BhS 6.8.a"

PRACALITA
confused.
Car 2.7.4
AS 6.9.4

PRACCHĀYA
dense shade.
Car 2.7.7.2;6.9.12
AS 6.9.9

PRAJANA-KĀLA
time of giving birth.
Car 2.7.14
AS 6.7.9

PRAJÑĀ-'PARĀDHA
culpable insight.
Car 2.7.10,21
AHr 6.4.4
AS 6.7.5

PRATIPAD
first day of lunar fortnight.
Car 6.9.21.1
Su 6.60.17
AHr 6.4.9
AS 6.7.11

PRATIṢEDHA
treatment.
Su 6.60.1,col;6.62.1,col
AHr 6.6.intr,col
AS 6.9.1

PRATISAṂSKṚTA
revised; restored.
Car 2.7.col;6.9.col

PRADUṢṬA
defiled; q.v. duṣṭa.
Car 6.9.5
AHr 6.6.4

PRADŪṢYA
having been polluted.
Car 6.9.5,9

PRADEHA
poultice.
Car 2.7.8;6.9.32

PRADHARṢAṆA
attack; q.v. √dhṛṣ
Car 6.9.4

PRAMATHA
class of demons, 'tormentor'.
Car 6.9.92

PRAMOHAYAT
infatuating; q.v. √muh.
Car 6.9.13

PRAPURĀṆA-GHṚTA
a therapeutic prescription, 'very old ghee'.
Car 6.9.61-63

PRAYOJANA
motive, objective.
Car 2.7.15

PRALĀPA
chatter; q.v. √lap.
AHr 6.4.35
AS 6.7.27

PRALĀPIN
one who chatters.
Car 6.9.20.8
Su 6.60.15

PRASĀDA
clarity.
Car 6.9.28,97
AHr 6.6.20,60
AS 6.9.14,40

PRASĀDANA
clarity.
Su 6.62.34

PRĀG-RŪPA
prodromal symptom; q.v. pūrva-rūpa.
Car 2.7.24

PRĀṆA
life, vital breath.
Car 6.9.84
Su 6.60.19

PRĀṆA-BHṚT
living creature.
Car 6.9.3

PRĀṆA-VADHĀ-'RTHA
intending to kill.
Car 2.7.15

PRĀYAŚCITTA
expiation.
Car 2.7.16,90

PRIYA
dear, beloved; q.v. iṣṭa, kānta, bāndhava, snehita.
BhS 2.7.g
Su 6.62.17

PRETA
class of demons, the deceased.
Su 6.60.12
AHr 6.4.34,35
AS 6.7.2,26
ŚS 1.7.39

- PH -

PHULLA-PADMA
lotus blossom
Car 6.9.20.1
AHr 6.4.13
AS 6.7.17

PHENA
saliva, foam; q.v. lālā.
Car 2.7.7.1
Su 6.60.16
AHr 6.6.8
AS 6.9.8

- B -

BADDHA
bound, restrained.
Car 6.9.20.8,80

BANDHANA
tying, binding
Car 2.7.8

BALA
strong.
BhS 6.8.a
Car 6.9.10,14,17,21.5,87
Su 6.60.14;6.62.13
AHr 6.4.1;6.6.17
AS 6.7.11,22,33;6.9.13

BALĀ-TAILA
a therapeutic agent,
balā oil.
BhS 6.8.k'

BALI
a particular sacrifice,
usually of food; a certain
expiatory ritual.
Car 2.7.16;6.9.20.4,23,89,
93
Su 6.60.32,35,36,37,38
AHr 6.4.8;6.6.56
AS 6.7.9

BĀNDHAVA
relative; q.v. iṣṭa, kānta,
priya.
Su 6.62.12

BĪBHATSATVA
repulsiveness; q.v.
baibhatsya.
Car 2.7.7.3
AS 6.9.10

BUDDHI
intellectual-judgmental
faculty; awareness.
BhS 6.8.b,f,g,i,k
Car 2.7.4,5;6.9.3,5,7,8,9,
13,29,32,97
AHr 6.6.60
AS 6.9.4,6,40

BUDDHI-NĀŚA
destructive of buddhi.
BhS 6.8.p

BUDDHI-VYĀPAD
affliction of buddhi.
BhS 6.8.q

BUBHUKṢĀ
hunger.
BhS 6.8.v'

BAIBHATSYA
repulsive; q.v. bībhatsatva.
AHr 6.6.13

BODHANA
awareness.
BhS 6.8.g,h

BRAHMARĀKṢASA
class of demons.
Car 6.9.20.7,21.6
AHr 6.4.11,26
AS 6.7.2,12,24
ŚS 1.7.39

BRĀHMĪ-GHṚTA
a therapeutic prescription.
AHr 6.6.23-26
AS 6.9.18

- BH -

BHAKTI
trust
Car 2.7.5

BHAYA
fear; q.v. √bhī.
BhS 6.8.y',z'
Car 2.7.4;6.9.4;6.9.31,84,
86,91
Su 6.60.9
AHr 6.6.21

BHAVANTI CA-'TRA
introduction to verses, 'and
about this there are'...
Car 2.7.19
AS 6.7.32(°ati°);
6.9.10(°ati°)

BHĀVA
emotional state.
BhS 6.8.3

BHIRU
fearful, timid, cowardly.
Car 2.7.4

BHIṢAJ
healer, physician.
Car 2.7.9;6.9.23,77,98
Su 6.60.27,56;6.62.35
AHr 6.4.25;6.6.14
AS 6.7.24;6.9.11

√BHĪ
scare, terrify, make afraid (caus.); q.v. bhaya.
BhS 6.8.p',w'
Su 6.62.18

BHUJAGA
serpent demon, =bhujaṅgama, q.v.
AS 6.7.10

BHUJAṄGA
serpent demon, =bhujaṅgama, q.v.
Su 6.60.7

BHUJANGAMA
serpent demon.
Su 6.60.13

BHŪTA
supernatural entity, mythologically conceived being.
Car 2.7.12,15,17;6.9.87,91
Su 6.60.27,32
AHr 6.4.1,2
AS 6.7.2,33
ŚS 1.7.38,39

BHŪTA-VIJÑĀNA
distinguishing the bhūtas.
AHr 6.4.intr,col
AS 6.7.1

BHŪTA-VIDYĀ
knowledge of the bhūtas.
Su 6.60.21,28,37,col;6.62.col

BEṢAJA
remedy, therapeutic agent; q.v. cikitsita.
Car 6.9.3,24
Su 6.62.5

BHAIṢAJYA
therapeutic agent
Car 6.9.15,23,89

BHOJANA
food; q.v. anna, āhāra.
Car 6.9.4
Su 6.62.6
AHr 6.4.13
AS 6.7.17,26

BHOJANA-VIDHĀNA
regulating food.
Car 2.7.8

BHOJYA
food.
Car 6.9.11

√BHRAṂŚ
fall, shatter, lose.

√BHRAM
wander about.
Car 6.9.7
Su 6.60.15;6.62.8
AHr 6.6.6

BHRAMAT
wandering.
AHr 6.4.36
AS 6.7.21,28

BHRAṢṬA-SAMJÑA
one whose understanding is shattered.
BhS 2.7.d

BHRĀNTA
confused.
Car 2.7.6
AS 6.9.5

- M -

MAṆIVARA
N. of a yakṣa.
AS 6.7.23

MAṄGALA
charm, auspicious ornament with curative powers.
Car 2.7.16;6.9.93
AS 6.7.9

√MAJJ
sink; dive, plunge.
Car 2.7.15(ni-)

MAṆI
precious stone.
Car 2.7.16
Su 6.60.19

MATI
thinking; thought.
Car 6.9.78
Su 6.60.11;6.62.10
AS 6.7.30

√MAD
to bring on mada (caus.).
Su 6.60.3

MADA
intoxication; mild or preliminary stage of *unmāda*.
BhS 6.8.s,t,v,b',c'
Su 6.62.5,34
AHr 6.6.1
AS 6.9.2,33
ŚS 1.7.34

MADYA
intoxicating beverage; q.v. *surā*.
Car 2.7.14;6.9.96
AHr 6.4.28,30,38
AS 6.7.22,25,26,28
ŚS 1.7.33

MADHU
honey.
Car 2.7.14
Su 6.60.13,29
AHr 6.4.20

MADHU (cont.)
AS 6.7.21

MADHYASTHA
standing between, viz. demons between *deva* and *piśāca*.
BhS 2.7.x

MANAS
perceptual-cognitive faculty; cognition; mind; q.v. *mānasa*.
BhS 6.8.2,e,k,l,o,v
Car 2.7.4,5;6.9.4,5,8;6.9,28, 29,31,32,84,85,97
Su 6.62.12,13
AHr 6.4.44;6.6.1,20,22;6.6.60
AS 6.7.10,34;6.9.2,3,4,6,14, 40

MANO-VAHA
flowing toward *manas*; q.v. *ceto-vaha*.
Car 2.7.4;6.9.5
AHr 6.6.5
AS 6.9.4

MANTRA
sacred formula, verse.
Car 2.7.16;6.9.20.7,23,33, 89,94
Su 6.60.37
AHr 6.4.8
AS 6.7.24

MANDA
slow, sluggish, lethargic.
Car 6.9.13,14

MARAṆA
death; q.v. *√mṛ*.
BhS 2.7.g

MARMAN
vulnerable region, i.e. heart.
Car 6.9.13
Su 6.62.19
ŚS 1.7.36

MALA
impurities; filth.
Car 6.9.5
AHr 6.6.2
AS 6.7.6

MALINA
characterized by filth.
Car 6.9.20.8
AS 6.7.26

MAHĀKALYĀṆAKA
a therapeutic prescription.
Car 6.9.42-44
AHr 6.6.32-34
AS 6.9.15,20

MAHĀKṢĀRA
a therapeutic prescription, 'the great caustic'.
BhS 6.8.l'

MAHĀGRAHO-'PAGAMANA
approach of a great planet, possibly referring to an eclipse.
Car 2.7.14
AS 6.7.9

MAHĀPAIŚĀCIKA-GHṚTA
a therapeutic prescription, 'great Piśāca ghee'.
BhS 6.8.k'
Car 6.9.45-48
AHr 6.6.34-38
AS 6.9.21

MAHĀHAVA
a great battle.
Car 2.7.14
AS 6.7.9

MĀṂSA
flesh, meat; q.v. āmiṣa.
Car 2.7.14;6.9.20.6,78
Su 6.60.12,14,22,30,34; 6.62.16
AHr 6.4.17,22,28,38,42
AS 6.7.3,25,26,31

MĀṂSA-MADHU-TILA-GUḌA-MADYO-'CCHIṢṬA
meat, honey, sesamum, treacle, intoxicating beverage, and rejected leftovers.
Car 2.7.14
AS 6.7.9

MĀTṚ
mother
Car 6.9.21.3
AS 6.7.15

MĀTSARYA
envy, jealousy.
Car 2.7.7.1
AS 6.9.8

MĀNASA
relating to manas, mental; q.v. manas.
Su 6.62.3,4
AHr 6.6.2;6.9.2

MĀRGA
path; physiological passage, e.g. digestive, circulatory etc.; q.v. dhamanī, srotas.
Car 2.7.22;6.9.25
AHr 6.6.5,18
AS 6.9.14

MĀVILA
not slow, quick.
BhS 6.8.a'

MITHUNA
couple engaging in sexual intercourse.
Car 2.7.14
AS 6.7.9

MUKHA-VĀDYA
musical instrument played by mouth; q.v. vāditra.
Car 6.9.20.4
AS 6.7.20

MUṢṬI
fist.
Car 2.7.7.2,15
AHr 6.6.10
AS 6.9.9

√MUH
infatuate, bewilder (caus.); q.v. pramohayat.
Car 6.9.5(pra-)

MŪḌHA
infatuated
Car 6.9.7
Su 6.62.13

√MṚ
die; q.v. maraṇa.
AHr 6.6.16

MOHA
silliness, infatuation; q.v. sammoha.
Car 2.7.4
Su 6.60.21;6.62.6
AS 6.7.6

MAUKIRAṆA
a demon.
AHr 6.4.39
AS 6.7.2,29

- Y -

YAKṢA
class of demons.
Car 2.7.10,12,14;6.9.16, 20.5,21.5
Su 6.60.7,11,17
AHr 6.4.24
AS 6.7.2,10,11,22
Śs 1.7.38

YAJÑASENA
N. of a brahmarākṣasa.
AS 6.7.24

√YAM
bestow; provide; govern.
BhS 6.8.3(ni-),p(ni-)
AS 6.7.18(pra-)

YĀNA
travel; travel conveyance; q.v. ayāna.
Car 2.7.7.1
AS 6.9.8

YOṢIT
wife, woman; q.v. nārī, strī.
Su 6.62.10

RAKṢAS
evil demon, variant of rākṣasa, q.v.
Car 6.9.16
Su 6.60.7,14,18
AHr 6.4.11

RAKṢAḤ-PIŚĀCA
rākṣasas and piśācas, q.v.
Car 6.9.21.7

RAKṢYA
to be protected
Su 6.60.3

RAJASVALĀ-'BHIGAMANA
cohabiting with a menstruating woman.
Car 2.7.14
AS 6.7.9

RATI
pleasure.
Car 2.7.15;6.9.23
AHr 6.4.7

RASA
essence (of sensory impressions)
BhS 6.8.3

RAHAS
solitude; q.v. vivikta.
Car 2.7.7.3
AHr 6.6.12,23
AS 6.9.10

RĀKṢASA
class of vicious, evil demons; q.v. rakṣas.
BhS 2.7.k
Car 2.7.10,12,19,21;6.9.20.6
Su 6.60.36
AHr 6.4.29
AS 6.7.2,10,13,25
Śs 1.7.39

RIRAMSU
desirous of carnal pleasures.
Su 6.62.12

√RUD
weep; q.v. rodana.
BhS 2.7.d,w
Su 6.62.10
AHr 6.6.16
AS 6.9.12

RUDAT
weeping
Su 6.60.15
AHr 6.4.31
AS 6.7.25,26

RUDRA
N. of a deity.
Car 6.9.92
AHr 6.4.17
AS 6.7.19

RŪKṢA
dry, emaciated.
Car 6.9.9,20.8
Su 6.62.8
AHr 6.4.31
AS 6.7.25,26

RŪPA
characteristic trait, form; good looks; q.v. anurūpa, pūrva-rūpa.
BhS 6.8.b',d'
Car 2.7.6,13;6.9.10,15,19, 21.5
AHr 6.4.2
AS 6.7.11;6.9.5

RECANA
purgative; q.v. virecana.
BhS 2.7.m

ROGA
disease, sickness, illness; q.v. gada, vyādhi.
BhS 2.7.m

RODANA
weeping; q.v. √rud.

RODANA (cont.)
Car 6.9.10,20.5
AHr 6.6.7
AS 6.7.22;6.9.8

RAUDRA
fearsome; relating to rudra.
AS 6.7.24

LAKṢAṆA
symptom, characteristic, indication; q.v. liṅga.
BhS 6.8.f'
Car 2.7.15,24;6.9.97,98
AHr 6.6.60
AS 6.9.40

√LAP
chatter; q.v. pralāpa.
BhS 2.7.h(vipra-)

√LABH
get, grasp, attain.
BhS 6.8.e

LAŚUNA
garlic.
BhS 6.8.g"
AS 6.9.22

LAŚUNĀDYA-GHṚTA
a therapeutic prescription, 'ghee of garlic etc.'.
Car 6.9.49-51

LĀLĀ
saliva, slobber; q.v. phena.
Car 6.9.14

LĀLĀ-ŚINGHĀṆAKA
saliva and phlegm.
Car 2.7.7.3
AHr 6.6.12
AS 6.9.10

LIṄGA
symptom; q.v. lakṣana, rūpa.
BhS 2.7.f;6.8.1
Car 2.7.7.1,7.2,7.3,7.4,10, 18;6.9.6,8,12
Su 6.62.11
AS 6.9.6

LOBHA
greed; strong desire.
Car 2.7.4,7.1;6.9.86
AS 6.7.6;6.9.8

LOMAN
hiar.
BhS 6.8.a'

LOMA-HARṢA
hair on end with excitement.
Car 2.7.6

LOṢṬA
clumps of dirt.
Car 2.7.7.2,15
AHr 6.4.36;6.6.10
AS 6.9.9

LOHA
iron.
Car 6.9.30

- V -

VADHA
striking; q.v. prāṇa-vadha-artha.
Car 2.7.8

VANA
forest, woods.
Su 6.60.10

VAMANA
emetic
BhS 2.7.m;6.8.a,c",d"
Car 2.7.8;6.9.26,28
AHr 6.6.19
AS 6.9.14

VAMANA-VIRECANA-RUDHIRA-SRAVA
vomiting, purging, and bleeding.
Car 2.7.14
AS 6.7.9

VARUṆA
N. of a deva.
AS 6.7.18

VARṢA-ŚATA
hundred-year-old
BhS 6.8.g"

-VAHA
leading to, bearing.
BhS 2.7.c
Car 2.7.4;6.9.5
AHr 6.6.5
AS 6.9.4

VĀK
voice.
Car 6.9.10,14,17,20.3
Su 6.60.11;6.62.8
AHr 6.4.1,13,42;6.6.7
AS 6.7.17,18,19,31,33;6.9.8,10

VĀKTVA
speaking.
Car 6.9.6

VĀKYA
speaking.
AHr 6.6.12(-tā)
AS 6.7.27

VĀTA
pathogenic wind; wind; spirit; q.v. anila, pavana, vāyu.
BhS 6.8.h"
Car 2.7.3,7.1;6.9.25,76
AHr 6.6.6
AS 6.9.2,8;6.9.15
ŚS 1.7.33,34

VĀTO-'NMĀDA'LIṄGA
symptomatic of vāta-unmāda.
Car 2.7.7.1

VĀTA-KUṆḌALIKĀ
whirling of the wind.
Car 2.7.6
AS 6.9.5

VĀTA-CIKITSAKA
wind, i.e. spiritual, therapist.
BhS 6.8.ℓ"

VĀTIKA
pathogenic wind, =vāta, q.v.
BhS 6.8.d'

VĀDITRA
musical instrument; q.v. mukha-vādya.
Car 2.7.7.1
AHr 6.6.7
AS 6.7.11;6.9.8

VĀYU
wind.
Su 6.62.7

VĀRDHAKA
one whose condition becomes more severe; q.v. vivardhamāna.
Su 6.60.16

VĀHAYAT
causing to carry.
Car 2.7.12
AS 6.7.10

VIKAṬA
N. of a yakṣa.
AS 6.7.23

VIKĀRA
disorder, malady, worsened condition.
Car 6.9.13
Su 6.62.12
AS 6.7.10

VIKṚTA
spoiled, defiled; unnatural; affected.
Car 2.7.4
AHr 6.6.2
AS 6.7.19,24;6.9.3

VIKṚTI
modification, change.
BhS 6.8.y'

VIKRAMA
courage.
Car 6.9.17

VIKṢEPA
flailing, moving.
AHr 6.6.7
AS 6.9.8

VIKṢEPAṆA
movement, shaking.
Car 2.7.7.1;6.9.10

VIGATA
lacking.
Car 6.9.97
Su 6.60.9

VIGUṆA
impropriety.
Car 2.7.14
AHr 6.4.8
AS 6.7.9

VICEṢṬITA
movement; activities.
BhS 6.8.2
Car 6.9.13

VIJÑĀNA
differentiation; prowess.
Car 2.7.7.1;6.9.17
Su 6.60.4
AHr 6.4.1;6.6.5
AS 6.7.33

VITRĀSANA
terrorizing, frightening; q.v. trāsana.
BhS 6.8.o'
Car 2.7.8

VITRĀSITA
frightened
Su 6.62.12

VIDYUNMĀLIN
N. of a rākṣasa.
AS 6.7.25

VIDHI
rule, custom, procedure.
Car 2.7.4,9;6.9.15,23,24,33, 89
Su 6.60.30
AS 6.9.3

VINAGNA
naked, nude; q.v. nagna.
Car 6.9.12

VINĀŚA
loss; q.v. nāśa.
Car 6.9.85

VINĀŚANA
loss; destruction.
BhS 6.8.u

VIBHRAMA
disorder, bewilderment.
Car 2.7.5
ŚS 1.7.35

VIMĀRGA
bad road or path.
BhS 6.8.d
Su 6.60.9

VIRUDDHA
prohibited; contradictory.
Car 6.9.4,15

VIRŪPĀKṢA
N. of a rākṣasa.
AS 6.7.25

VIREKA
purgation
Car 6.9.9

VIRECANA
purgative; q.v. recana.
Car 2.7.8,14;6.9.26,27
Su 6.62.14
AHr 6.6.19
AS 6.7.9;6.9.14

VIVARDHAMĀNA
becoming more intense,
q.v. vārdhaka.
BhS 6.8.c'

VIVIKTA
seclusion, solitude; q.v.
rahas.
Car 6.9.14,21.2
Su 6.62.10
AS 6.7.15

VIVIDHA-BHŪTĀ-'SUBHĀ-'SUCI-SPARŚANA
contact with various beings,
that which is unclean, and
that which is impure; or
contact with various unclean
and impure beings (N.B. note
to Car 2.7.4).
Car 2.7.14
AS 6.7.9(approx.)

√VIŚ
enter; take possession of;
q.v. samaviśat
Car 6.9.18
Su 6.60.18,19,21(sam-,ā-),
22(ā-)

VIŚĀKHA
N. of a rākṣasa.
AHr 6.4.17
AS 6.7.25

VIŚEṢA
distinct, particular; q.v.
nija-āgantu-viśeṣa, sādhya-asādhya-viśeṣa.
Car 2.7.10,11,15,18
AS 6.7.5,7

VIṢA
poison; powerful drug.
Su 6.62.5,13,35
AHr 6.6.1,4,17
AS 6.9.2,3,13
ŚS 1.7.33,37

VIṢAMA
unsuitable, inappropriate,
defective.
Car 2.7.4
AHr 6.6.2
AS 6.9.3

VISMĀRAṆA
causing to forget.
Car 2.7.8

VISMĀPANA
surprising.
Car 2.7.8

VISMṚTI
forgetfulness; q.v. smṛti.
Car 6.9.31

VIHĀRA
sport; walk; amusement.
Su 6.60.5,26;6.62.9
AS 6.7.32

VĪṆĀ-VAṂŚA-ŚAṄKHA-SAMYĀ-TĀLA-ŚABDA
the sound of vīṇā, flute, conch, and cymbals.
Car 2.7.7.1

VĪRYA
heroism
Car 6.9.17

VṚṢAṆA
scrotum
AHr 6.4.36
AS 6.7.27

VEGA
excitement, attack; q.v. udvega.
Car 2.7.4;6.9.11
AHr 6.6.3,17
AS 6.9.3,13

VETĀLA
a demon.
AHr 6.4.40
AS 6.7.2,30
ŚS 1.7.39

VEDA
Veda, canonical scripture.
BhS 6.8.n"
Car 6.9.20.7,90
AHr 6.4.26
AS 6.7.24

VEDANA
theoretical basis.
Car 2.7.10

VAIDYA
physician.
BhS 6.8.x',k"
Car 6.9.20.5,20.7

VAIDYA (cont.)
Su 6.60.28,55
AHr 6.4.23
AS 6.7.22,24,26

VYAVAHĀRA
business dealings.
AS 6.7.20

VYĀDHI
disease, malady; q.v. gada, roga.
BhS 6.8.r
Car 2.7.4,6,21
Su 6.62.3
AHr 6.6.3
AS 6.9.3,5

VRATA
vow.
Car 2.7.14,16;6.9.16,93
Su 6.60.20
AHr 6.4.4
AS 6.7.3,9,12

- Ś -

ŚATAPĀKA
a therapeutic agent.
BhS 6.8.k'

ŚATRU
enemy.
Su 6.60.7

ŚARĪRA
body; q.v. deha, tanu.
BhS 2.7.j,k
Car 2.7.4
AHr 6.6.2
AS 6.9.2,3
MN 20.3

ŚARĪRIN
embodied, having a body.
BhS 2.7.i
Su 6.60.19

ŚASTRA
weapon; knife, sword.
BhS 6.8.a"
Car 2.7.7.2,15;6.9.20.6,82

ŚASTRA (cont.)
AHr 6.4.25
AS 6.7.24;6.9.9

ŚASTRA-PĀṆI
armed with weapons.
BhS 6.8.w'

ŚĀNTI
peace.
Car 6.9.7
Su 6.60.28

ŚĀNTI-KARMA
deed which brings about peace.
BhS 6.8.m"
Car 6.9.90

ŚIRAS
head.
Car 2.7.6;6.9.27,28
Su 6.62.14
AS 6.7.20;6.9.5

ŚIRAS-TALV-'NTARA
between skull and palate, i.e. manas.
BhS 6.8.2,n

ŚĪTA
cold.
Car 6.9.9,12,77
Su 6.60.19;6.62.8
AHr 6.6.11

ŚĪTĀ-'NNA-JALA
cold food and water.
Car 6.9.12

ŚĪTO-'DAKA-'NNA
cold water and food
Car 2.7.7.2

ŚĪTALA
cooling substance.
BhS 6.8.t'

ŚĪLA
character.
Car 2.7.5
Su 6.60.25;6.62.8
AS 6.7.4,11

ŚUKLA
white, bright; bright fortnight; q.v. śauklya.
Car 6.9.21.1,21.6
AHr 6.4.9,10,11,15
AS 6.7.11,12,17

ŚUKLA-STIMITA-MALO...
white, moist, filthy...
Car 2.7.7.3
AS 6.9.10(°āvila°)

ŚUDDHA
cleansed, pure; purged; q.v. saṃśuddha.
Car 6.9.26,29
AHr 6.6.20,22
AS 6.9.14

ŚUBHA
aggreeable.
BhS 6.8.g
Car 6.9.20.1,20.4
AHr 6.4.21
AS 6.7.17,20,22

√ŚUṢ
parch, afflict, torture (caus.); q.v. √tras.
BhS 6.8.v'

ŚŪNYA
emptiness; empty.
Car 6.9.6
Su 6.60.37
AHr 6.4.6,32,37
AS 6.7.9,26,28

ŚŪNYA-GṚHA-VĀSA
dwelling in an empty house.
Car 2.7.14
AS 6.7.9(ni-)

ŚŪNYATĀ
emptiness.
Car 2.7.6
AS 6.9.5

ŚAIRĪṢA
a therapeutic agent.
BhS 6.8.j'

ŚOKA
grief, sorrow; q.v. ādhi, duḥkha.
BhS 6.8.u
Car 2.7.4;6.9.86
Su 6.62.35
AHr 6.6.16
AS 6.9.12

ŚODHANA
purgative; purgation; q.v. recana.
Car 6.9.25
AHr 6.6.18
AS 6.9.14

ŚAUKLYA
white; q.v. śukla.
Car 6.9.14

ŚAUCA
relating to purity and cleanliness.
Car 2.7.7.3
Su 6.60.14
AHr 6.6.13
AS 6.7.6,12;6.9.10

ŚMAŚANA
cremation grounds.
Car 2.7.14
AHr 6.4.6,37
AS 6.7.9,28

ŚREYAS-KARA
salutary, wholesome, 'making better'.
Car 2.7.22

ŚLEṢMAN
phlegm, =kapha, q.v.
BhS 2.7.b,e;6.8.d'
Car 2.7.7.3;6.9.76

ŚLEṢMALA
phlegmatic.
BhS 2.7.b

ŚLEṢMO-'NMĀDA-LIṄGA
symptomatic of kapha-unmāda.
Car 2.7.7.3

ŚVAYATHU
swelling.
Car 2.7.7.3
AHr 6.6.13
AS 6.9.10

- Ṣ -

ṢAṢ-
six.
AS 6.9.2
ŚS 1.7.37

ṢAṢṬHA
sixth.
Su 6.62.5
ŚS 1.7.37

- S -

SAṂRABDHA
inflamed, excited, swollen.
Car 2.7.7.2;6.9.12
AS 6.9.9

SAṂRAMBHA
rage.
Car 2.7.7.2;6.9.22

SAṂVṚDDHA
increase; accumulation.
BhS 6.8.2

SAṂVEJANA
jolting.
Car 6.9.29

SAṂŚUDDHA
thoroughly cleansed; q.v. śuddha.
Car 6.9.28

SAṂŚRITA
associated with, embraced by.
BhS 6.8.b

SAṂSARJANA-KRAMA
gradual purging.
Car 6.9.26

SAṂSKṚTA
polished, elaborate (speech).
Su 6.60.8

SAṂSKṚTA (cont.)
AHr 6.4.14
AS 6.7.17,24

SAṂKHYĀ
category.
Car 2.7.24
Su 6.60.22

SAṄGAMA
N. of a rākṣasa.
AS 6.7.25

SAṂJÑA
one who is characterized by saṃjñā.
Car 6.9.7

SAṂJÑĀ
understanding, awareness; name, term.
BhS 2.7.c,d,g,h
Car 2.7.5;6.9.28,32,78
Su 6.60.27;6.62.5,13
AS 6.7.4

SATKĀRA
making welcome.
Su 6.60.5

SATTVA
mental essence; mental clarity, intelligence.
BhS 2.7.k
Car 2.7.4;6.9.5,6,21.5,21.7
Su 6.60.23
AHr 6.6.3,4
AS 6.7.11,13;6.9.4

SATTVAVAT
characterized by sattva.
Car 6.9.97
AHr 6.6.60
AS 6.9.40

SAṂTARJAKA
threatening person.
Car 6.9.20.6

SAṂTARJANĀ
threatening; q.v. tarjana.
Car 6.9.12

SAṂTARJANĀ (cont.)
AHr 6.6.10
AS 6.9.9

SAṂTĀPA
heat; intense fever; q.v. tapa.
Car 2.7.7.2
AS 6.9.9

SANDHYĀ
juncture of fornight or day, viz. full and sometimes new moon and dusk and dawn.
Su 6.60.17
AHr 6.4.12
AS 6.7.11,12

SANDHYĀ-VELĀ
at the time of the daily solar junctures, dusk and dawn.
Car 2.7.14
AS 6.7.9

SANNIPĀTA
combined.
BhS 2.7.f;6.8.e'
Car 2.7.3,7.4;6.9.15
AHr 6.6.14
AS 6.9.2,11
ŚS 1.7.37

SAPTAMA
seventh
ŚS 1.7.33

SAMASTA
combined.
Car 6.9.15

SAMĀRAMBHA
undertaking.
Car 2.7.14

SAMĀVIŚAT
taking possession; q.v. √viś.
Car 2.7.12
AS 6.7.10

SAMUTTHĀNA
arising; etiology; q.v. uttha, nimitta.

SAMUTTHĀNA (cont.)
BhS 6.8.1
Car 6.9.98

SAMUDBHRAMITA
delirium; bewilderment.
Car 2.7.4

SAṂMOHA
confusion; q.v. moha.
Car 2.7.6
AS 6.9.5

SARAṆA
current, i.e. flowing water.
BhS 6.8.u'

SARIT
stream.
BhS 6.8.u'
AS 6.7.17

SARPA
snake.
Car 6.9.82
AS 6.7.21(-vat)

SARPA-GANDHĀ
a therapeutic agent, viz. Rauwolfia serpentina, the active component of which is reserpine.
Su 6.60.47

SARPIS
ghee, clarified butter; q.v. ghṛta.
BhS 6.8.j,f",g"
Car 6.9.32,33,76,89
Su 6.60.29
AHr 6.6.21

SARVA
all; everything, all cases.
BhS 6.8.b,c
Car 2.7.23;6.9.15,22
Su 6.60.30;6.62.11,34
AHr 6.6.14
AS 6.7.3,18,26;6.9.11,25

SARVE-'NDRIYA
sense of all, i.e. manas.
BhS 6.8.a

SĀDHANA
cures; q.v. cikitsā, upaśaya.
Car 2.7.16

SĀDHYA
curable.
Car 2.7.8,9,15,18

SĀDHYA-ASĀDHYA-VIŚEṢAṆA
distinction of curable and incurable.
Car 2.7.18

SĀDHYATĀ
curability.
Car 2.7.24

SĀNTVA
consolation, conciliation; q.v. āśvāsa.
Car 6.9.85

SĀNTVANA
comforting.
Car 6.9.31

SĀ-'RTHA
ulterior motive.
BhS 6.8.b"

SIṂHA
lion.
Car 6.9.82

SIṂHAGUPTA
Pr.N.; father of Vāgbhaṭa.
AHr 6.4.col;6.6.col

SIRĀ
blood vessel (mentioned with regard to bloodlotting).
Car 2.7.8;6.9.77
Su 6.62.33

SUKHA
happiness, gentle, secure.
Car 2.7.22;6.9.7,30,78
AHr 6.6.6
AS 6.9.7

SUCITTA
good-thinking, one who thinks proper thoughts.
BhS 6.8.d

SUBADHA
well bound.
Car 6.9.81

SURA
class of divinities, =deva, q.v.
Car 2.7.14
AHr 6.4.9
AS 6.7.2,3,9,10

SURĀ
kind of intoxicating beverage; q.v. madya.
Su 6.60.14,34
AHr 6.4.17
AS 6.7.18,19

SURĀ-'DI
gods and the rest, =devādi, q.v.
Car 6.9.19
Su 6.60.25

SŪRYA-KĀNTA
sun crystal, possibly some kind of magnifying glass.
Car 6.9.18

SOṢMAN
warm.
Car 6.9.13

SAUMYA
placid.
Car 6.9.20.1
AHr 6.4.13
AS 6.7.17

SKANDA
a deity.
AHr 6.4.17
AS 6.7.19

STRĪ
wife, woman; q.v. nārī, yoṣit.
Car 2.7.14

STRĪ (cont.)
AHr 6.4.28;6.6.12
AS 6.7.9,22,25;6.9.10

STHĀNA
standing.
Car 2.7.7.3

SNĀNA
bathing.
Car 6.9.20.4,20.5,21.2
AHr 6.4.18,20,22
AS 6.7.15,20,21,22

SNIGDHA
treated with oil.
Su 6.62.14

SNIGDHA-SVINNA
treated with oil and sudorific.
Car 6.9.26.

SNEHA
unguent.
Car 2.7.8;6.9.25,27,76
Su 6.60.54;6.62.15,33
AHr 6.6.18
AS 6.7.7;6.9.14,15

SNEHITA
dear one, relative; q.v. priya, iṣṭa, kānta.
BhS 6.8.i

SPṚŚAT
touching.
Car 2.7.12
AS 6.7.10

SMITA
smiling
Car 2.7.7.1;6.9.10
AHr 6.6.7,8

SMṚTI
memory; q.v. vismṛti.
Car 2.7.5;6.9.3,7,8,9,13, 20.8,28,32,78
AHr 6.4.32,6.6.5
AS 6.7.26;6.9.6

SROTAS
physiological vessel; q.v. dhamanī, mārga.
Car 2.7.4;6.9.5
AS 6.9.4

SVANA
sound.
Car 2.7.6
Su 6.62.6
AS 6.7.21;6.9.5

√SVAP
sleep
BhS 6.8.w

SVAPNA
sleep; dream; q.v. nidrā.
BhS 2.7.b
Car 2.7.6,11;6.9.20.5
Su 6.62.6
AS 6.7.11,16,22;6.9.5

SVAYAM-AKLIṢṬA
not self-afflicted.
Car 2.7.19

SVARA
voice, sound.
Car 6.9.20.8
AHr 6.4.31
AS 6.7.18,24,26

SVASTY-AYANA
obtaining blessings, pilgrimage.
Car 2.7.16

SVEDA
sudorific; sweat.
Car 2.7.8
Su 6.62.9
AHr 6.4.13
AS 6.7.17,19

SVAIRITA
independent, unrelated.
BhS 6.8.i

- H -

HATA
stricken; q.v. abhighāta, upahata, ghāta, āghāta-kāla, also abhihanana, upaghnat.
Car 2.7.10
Su 6.62.13
AS 6.7.7(apa-);6.9.7

HATVĀ
having stricken.
AHr 6.6.5

√HAN
harm, injure, strike.
BhS 6.8.p'
Car 2.7.15;6.9.9(apa-), 85(upa-)
Su 6.60.55(ni-)
AS 6.7.6(upa-),7(anu-)

HARṢA
excitement; sexual arousal.
BhS 6.8.u
Car 2.7.4;6.9.4,86

HARṢAṆA
thrill, excitement.
Car 6.9.31
AHr 6.6.21

√HAS
laugh.
BhS 2.7.d,w
Su 6.60.10(pra-);6.62.13

HASAT
laughing.
AHr 6.4.29
AS 6.7.19,20,25,26

HASITA
laughing.
Car 2.7.7.1
AHr 6.6.7
AS 6.7.23;6.9.8

HĀSA
laughter.
Car 6.9.10
AHr 6.4.30
AS 6.7.20,22,24,26

HĀSYA
laughter, humor.
Car 6.9.20.4,20.5,21.5
AHr 6.4.24
AS 6.7.11

√HIMS
strike, harm, injure.
BhS 2.7.k
Su 6.60.5,31

HIṂSAT
attacking.
AS 6.7.19

HIṂSĀ
injury.
Car 2.7.15;6.9.22
Su 6.60.5,26
AS 6.7.16

HIṂSĀ-RUCITVA
appetite for injury.
Car 2.7.11

HIṄGU
a therapeutic agent,
viz. asafetida.
Car 6.9.57
AHr 6.6.22-23
AS 6.9.17

HṚD
heart.
Car 6.9.11,28
AHr 6.6.4

HṚDAYA
heart; i.e. locus of
buddhi.
BhS 2.7.c;6.8.b
Car 2.7.4;6.9.5,6,9
AS 6.9.4,5

HṚD-GRAHA
heart palpitation.
Car 2.7.6

HṚṢṬA
joyous, exhilarated,
excited.
Su 6.60.10

HṚṢṬA (cont.)
AHr 6.4.18,22
AS 6.7.20,22,23(pra-)

HṚṢYAT
being excited.
AS 6.7.21

HETU
cause, reason; motive; q.v.
kāraṇa.
BhS 6.8.m
Car 2.7.10,18;6.9.3,4,15,16,
31,95
AHr 6.4.3
AS 6.9.3

HETUKA
caused by, conditioned by.
Car 2.7.20

HOMA
oblation.
BhS 6.8.1"
Car 2.7.16;6.9.90,93,29
AHr 6.4.8
AS 6.7.9